The Scientific Evidence for the Power of Prayer

By DDD
The evidence shows Prayer Works - Read

"Whatever occurs in the mind affects the body and vice versa.
The mind and the body cannot be considered independantly.
When the two are out of sync, then both emotional and physical stress can erupt."

— Hippocrates

Effects of Prayer on Immune System

Does prayer really help the immune system to work?

Yes. Evidence exists for the healing power of prayer. According to Dr. Barbara Joseph in "My Healing From Breast Cancer," her inspiring book, "If we allow ourselves the belief in the power of prayer and pray for our highest good in the way that comes most naturally to us and with the utmost compassion for ourselves, we can support our healing."[1]

The real force of prayer in preventing and overcoming disease are described in several excellent books:[2-4]

- **"Healing Words, The Power of Prayer and the Practice of Medicine" by L. Dossey, M.D.**
- **"Prayer is Good Medicine: How to Reap the Healing Benefits of Prayer" by L. Dossey, M.D.**
- **"The Faith Factor" by D. Mathews**

Clinical studies have demonstrated that people who pray are:[4]

- **Less likely to get sick**

- **Better able to cope mentally and emotionally with their illness**
- **More likely to recover from surgery**
- **More likely to recover from illness**

Also, evidence exists for the power of prayer to maintain and improve the function of the immune system. Chemical connections have been identified between molecules produced by the central nervous system and cells of the immune system.[5] Astrocytes, a type of cell in the brain, can produce interleukin-1 (IL-1), a cytokine that affects immune reactions. Furthermore, lymphocytes, a type of white blood cell, contain receptors for many chemicals synthesized by the central nervous system.

Prayer and the psychological factors involved, including suggestion, expectation, anxiety reduction, conditioning, and the hope and will to live may have a positive placebo effect in nourishing the function of the immune system.[6] Clinical trials of the effects of chemotherapeutic drugs on cancers and determination of side effects show that placebo effects occur in the control groups of patients (i.e, those receiving no active drug).

Moreover, the relaxing, altered consciousness, and spiritual effects of meditation and prayer and the resulting inward sense of peace can strengthen the immune system and the body in general.[5-7] According to Harold Koenig, Director of the Center for the Study of Religion/Spirituality, Duke University, when prayer uplifts or calms the spirit of people, fewer stress-induced (sometimes termed "fight-or-flight") hormones are produced by the adrenal glands.

Meditation and prayer can:[5-7]

- **Decrease stress-induced hormones**
- **Reduce pre-surgery anxiety**
- **Lower the risk of development of various serious diseases**
- **Help the immune system to function**

In addition, many recent studies have shown that patients with serious diseases who are prayed for by others actually heal better and faster than do those who are not prayed for by others. Praying for the healing of others is a form of an alternative medicine method known as "distance healing." In prayer by others (termed intercessory prayer), attitudes of prayerfulness and holiness and feelings of empathy, caring, and compassion encourage healing.[5, 7]

Studies show that prayer by people concentrating on the healing of either cells grown in the laboratory or animals with certain ill conditions can reduce the growth rate of leukemia cells in culture, decrease the size of tumors in mice, and speed wound healing in animals.[6, 7] A small, double-blind (meaning that neither the patients nor the doctors knew who was receiving the distance "treatment") clinical study of patients with

advanced AIDS demonstrated that distance healing reduced the number of new AIDS-defining illnesses, severity of disease, outpatient visits to doctors, number and days of hospitalizations, and mood.[8, 9]

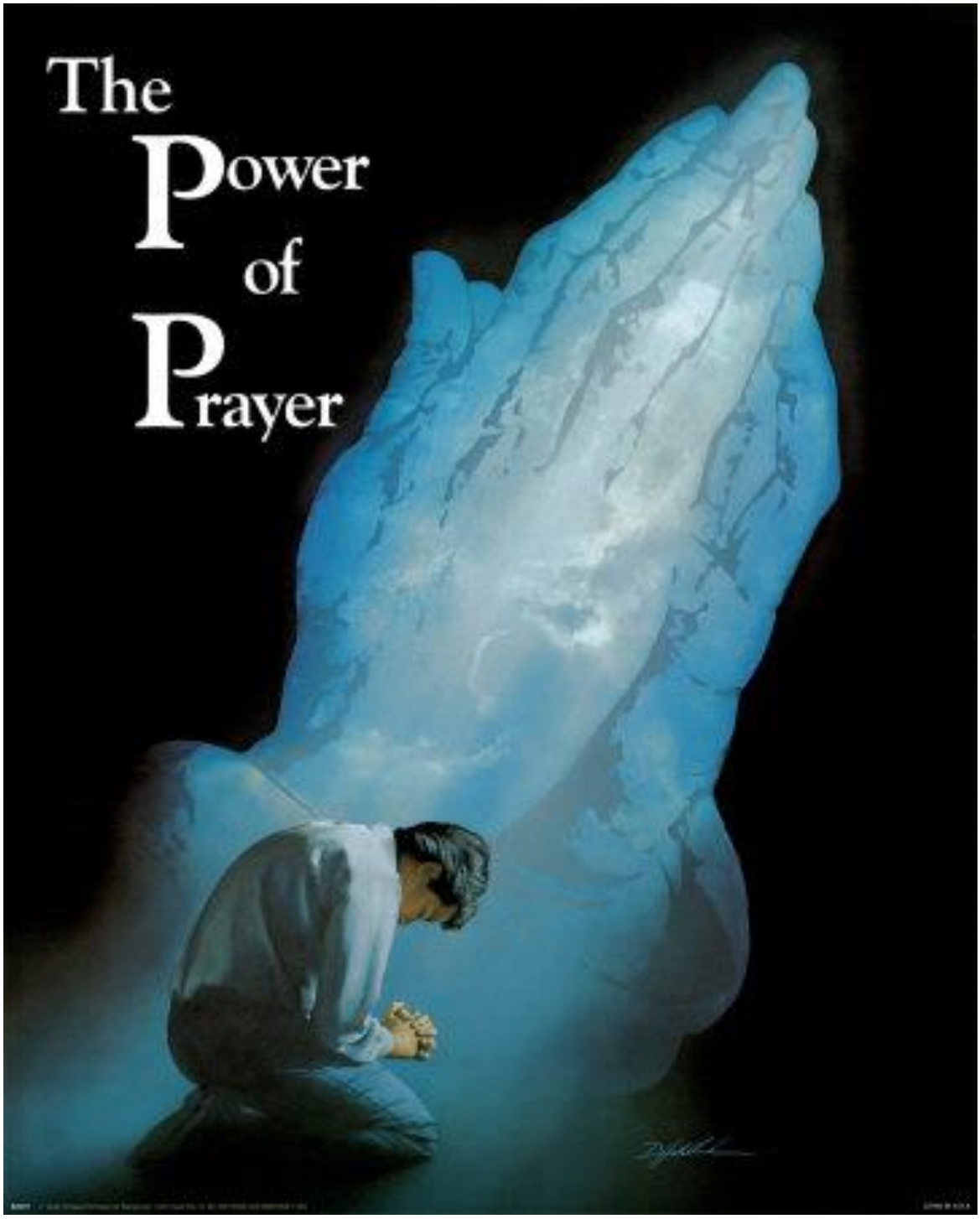
Some doctors feel that better recovery of the patients could occur if the doctors prayed with their patients prior to and following operations or the administration of powerful medications.[5] Because of the positive research on the effects of prayer and these beliefs about the value of prayer in the healing process, certain medical schools in the U.S. are offering classes in faith and medicine.

However, we should not assume that just our prayer and/or prayer by others will either keep us from getting sick or make us well. Dr. Dossey observes that, "We should understand that prayer does have an impact, but it can't save us from death or guarantee we won't get sick."[2, 3]

As with other alternative medicine approaches, meditation and prayer can help us empower our minds with positive energy, aid in the body's recovery, improve quality of life, and improve outcome. Dr. Dossey recommends, "...don't wait for the results of more double-blind studies to pray. We can stand to have more extraneous prayer in this world of ours."[2, 3]

REFERENCES

1. B. Joseph. My Healing From Breast Cancer." 1996. New Canaan, Connecticut: Keats Publishing.
2. L. Dossey, "Healing Words, the Power of Prayer and the Practice of Medicine." 1993. San Francisco: Harper.
3. L. Dossey: Prayer is Good Medicine: How to Reap the Healing Benefits of Prayer. 1996. San Francisco: Harper.
4. D. Mathews, "The Faith Factor."
5. Distance healing really works. Jewish Link. Accessed at www.jewishhealing.com/healing_really_works.html.
6. S. Barrett. Psychoneuroimmunology — the bridge between science and spirit. In "Silver Threads," edited by B. Kane, J. Millay, and D. Brown. 1993. Praeger.
7. Prayer & spirituality: The proof that prayer works. Holistic-online.com. Accessed at http://1stholistic.com/prayer/hol_prayer_proof.htm.
8. F Sicher, et al. A randomized double-blind study of the effect of distant healing in a population with advanced AIDS: Report of a small scale study. "Western Journal of Medicine." 1998; 169(9): 356-63.
9. R.A. Anderson. Psychoneuroimmunoendocrinology review and commentary. "Townsend Letter for Doctors and Patients." 04/2002.


The
Power
of
Prayer

Prayer and Medical Science

This Commentary originally appeared in Archives of Internal Medicine
by Larry Dossey, MD

"It is fatal to dismiss antagonistic doctrines, supported by any body of evidence, as simply wrong." Alfred North Whitehead, 1948 1

THE RANDOMIZED, controlled trial by Harris et al2 on the effects of remote intercessory prayer on outcomes of patients admitted to a coronary care unit evoked several comments from physicians.

Several respondents implied that the attempt to study the remote effects of prayer is wrong in principle. This is because, according to Dr Sandweiss,3 science deals with facts, not "miracles." Yet, if events occur in controlled laboratory studies, as suggested by evidence cited below, these happenings presumably follow natural law and are not considered miraculous.

We should be cautious in calling events miraculous or mystical, because the subsequent course of history may reveal that these terms reflect little more than our own ignorance. For example, when Newton invoked the notion of universal gravity in the 17th century to explain his observations, he was charged by his contemporaries with surrendering to mysticism, as prayer researchers are often accused today.

As philosopher Eugene Mills4 describes, "[Newton's critics] disapproved of his failure to explain why bodies behaved in accordance with his laws, or how distant bodies could act on one another . . . This sort of worry no longer bothers us, but not because we have answered it."

Today we are as baffled by the remote effects of prayer as Newton's critics were by the distant effects of gravity. But, just as the dispute over gravity gradually abated, the debate surrounding intercessory prayer may also diminish with time, even though our ignorance about the mechanism involved may remain.

Dr Van der Does5 dismisses the effects of intercessory prayer because they would be indistinguishable empirically from the effects of clairvoyance and telepathy, which he implies are nonsense. (He presumably means not clairvoyance or telepathy, which are forms of anomalous cognition, but psychokinesis, the anomalous perturbation of distant events.) However, there is considerable evidence that neither telepathy nor psychokinesis is nonsense,6 in which case the indistinguishability between prayer and psychokinesis would not invalidate prayer.

Dr Sandweiss3 also refers dismissively to psychokinesis, apparently unaware of the evidence favoring this phenomenon. For example, in Foundations of Physics, one of physics' most prestigious journals, Radin and Nelson7 reported a meta-analysis of 832 studies from 68 investigators that involved the distant influence of human consciousness on microelectronic systems.

They found the results to be "robust and repeatable." In their opinion, "Unless critics want to allege wholesale collusion among more than sixty experimenters or suggest a methodological artifact common to . . . hundred[s of] experiments conducted over nearly three decades, there is no escaping the conclusion that [these] effects are indeed possible."

While these hundreds of studies do not involve actual prayer, they nonetheless deal with whether human intention can, in principle, affect the physical world at a distance.

In recent years, researchers have also studied the effects of mental efforts to change biological systems.8 Scores of controlled studies have examined the effects of intentions, often expressed through prayer, on biochemical reactions in vitro, on the recovery rate of animals from anesthesia, on the growth rates of tumors and the rate of wound healing in animals, on the rate of hemolysis of red blood cells in vitro, and on the replication rates of microorganisms in test tubes.

Testing prayer in lower organisms makes sense for the same reason we test drugs in nonhumans. We share physiological similarities with animals and bacteria; if prayer affects them, it may affect us as well.

These studies are too often ignored, even by researchers interested in the effects of intercessory prayer in humans. This is unfortunate because many of these studies9 have been done with great precision and have been replicated by different investigators in different laboratories. They make up the basic or bench science underlying the objective study of prayer.

Dr Sandweiss3 says that since we know that prayer cannot operate remotely, taking this possibility seriously requires us to "suspend natural law," which results in "pseudoscientific mischief." But, as there is no agreement among scientists about which natural laws govern consciousness, it is imprudent to declare which laws might be violated and what mischief might result.

Several outstanding scholars have emphasized our appalling ignorance about the basic nature of consciousness. John Searle,10 one of the most distinguished philosophers in the field of consciousness, has said, "At our present state of the investigation of consciousness, we don't know how it works and we need to try all kinds of different ideas."

Philosopher Jerry A. Fodor11 has observed, "Nobody has the slightest idea how anything material could be conscious. Nobody even knows what it would be like to have the slightest idea about how anything material could be conscious. So much for the philosophy of consciousness."

Recently Sir John Maddox,12 the former editor of Nature, soberly stated, "The catalogue of our ignorance must . . . include the understanding of the human brain . . . What consciousness consists of . . . is . . . a puzzle.

Despite the marvelous success of neuroscience in the past century . . ., we seem as far away from understanding . . . as we were a century ago . . . The most important discoveries of the next 50 years are likely to be ones of which we cannot now even conceive."

If these observers are anywhere near the truth, we should be hesitant to declare emphatically what the mind can and cannot do.

Dr Sandweiss3 states that Harris et al have taken "a P value out of context" and that their P value is "out of control." He implies that the beliefs and practices of physicians depend strongly on statistically valid studies and that P3D.04 is too weak to justify a change in "current theories." Do P values determine what we physicians believe and how we practice medicine?

This is a noble sentiment, but evidence suggests we are not as objective as Dr Sandweiss implies. Yale surgeon and author Sherwin B. Nuland13 states, "Unlike other areas in which fads come and go, medical styles [of practice] are meant to be supported by irrefutable evidence. That assumption is so far off the mark that the term 'medical science' is practically an oxymoron."

Referring to a 1978 report by the Congressional Office of Technology Assessment,14 Nuland states, "no more than 15 percent of medical interventions are supported by reliable scientific evidence."

Richard Smith,15 editor of the British Medical Journal, agrees, stating, "only about 15% of medical interventions are supported by solid scientific evidence. . . . This is partly because only 1% of the articles in medical journals are scientifically sound and partly because many treatments have not been assessed at all."

And David A. Grimes16 of the University of California-San Francisco School of Medicine states, "much, if not most, of contemporary medical practice still lacks a scientific foundation."

These observations suggest that a double standard is perhaps being applied to prayer research, according to which levels of proof are demanded that may not be required of conventional therapies-the "rubber ruler," the raising of the bar, the ever-lengthening playing field.17

Do serious scientists really believe that the effects of intercessory prayer are fantasy, as several letter writers imply? No doubt some do.

But in a recent survey18 of the spiritual beliefs of American scientists, 39% of biologists, physicists, and mathematicians said they not only believed in God, but in a god who answers prayers.

The highest rate of belief was found in the field of mathematics, which is generally considered the most precise of all the sciences. Many distinguished scientists favor prayer. A long list of individuals, including Nobelists, who have been cordial to

consciousness-related events, such as distant, intercessory prayer, has been assembled by philosopher David
Griffin.19

Should the empirical study of intercessory prayer be abandoned, as several letter writers imply? More than a century ago, a similar debate took place among British scientists about telepathy, clairvoyance, and psychokinesis, which, like prayer, presume that consciousness can operate remotely.

Nobelist Sir William Crookes (1832-1919), the discoverer of thallium, contrasted his own approach with that of his fellow physicist Michael Faraday (1791-1867), famous for his work in electricity and magnetism. Crookes20 stated:

Faraday says, 'Before we proceed to consider any question involving physical principles, we should set out with clear ideas of the naturally possible and impossible.'

But this appears like reasoning in a circle: we are to investigate nothing till we know it to be possible, whilst we cannot say what is impossible, outside pure mathematics, till we know everything. In the present case I prefer to enter upon the enquiry with no preconceived notions whatever as to what can or cannot be.

The spirit of open inquiry would seem to validate Crookes' stance. Scientific puzzles do not solve themselves unaided. How are the mysteries of consciousness and prayer to be resolved unless researchers take a stab at them?

Dr Sandweiss3 suggests that the lack of an accepted theory underlying intercessory prayer diminishes the respectability of this area of investigation. In the history of medicine, however, we have often tolerated ignorance of mechanism and absence of theory. Examples include the use of aspirin, colchicine, and quinine, as well as the use of citrus fruits in scurvy, as Harris et al point out. The mechanisms of action of most general anesthetics are still a mystery, yet that does not preclude their use.

While it is true that there is no generally accepted theory for the remote actions of consciousness, many mathematicians, physicists, and biological and cognitive scientists are currently offering hypotheses about how these events may happen.

Hypotheses that are compatible with the distant effects of intercessory prayer have been advanced by Nobel physicist Brian Josephson,21 physicist Amit Goswami22 of the University of Oregon's Institute of Theoretical Science, mathematician and cognitive scientist David J. Chalmers,23, 24 systems theorist Ervin Laszlo,25 mathematician C. J. S. Clarke,26 and many other respected scholars.27

These models of consciousness generally advocate a nonlocal view of the mind-a view in which consciousness is not localized or confined to specific points in space (such as the brain) or time.

Levin28 has developed a theoretical model of how prayer may heal that takes several of these hypotheses into account. I have described the implications of a nonlocal model of

consciousness for medicine.29 Dr Hammerschmidt30 suggests that Harris et al are "putting God to the test" in their study. Are tests of prayer blasphemous, and are prayer researchers heretics?

I have found that investigators in this area approach their subject with reverence and respect; indeed, I have not found a single exception. They seem to epitomize the view of chemist Robert Boyle,31 the 17th-century author of Boyle's Law, who suggested that experimental scientists are "priests of nature" and that science is so sacred that scientists should carry out their experiments on Sundays as part of their Sabbath worship.

Dr Goldstein32 is "concerned with the potential effect of [the Harris et al] study and its publication on the reputation of hospitals involved and on the integrity of health care organizations in general." The reputation of any healing institution is precious and should be protected, but the suggestion that a hospital's reputation will be endangered by the indiscriminate use of prayer is exceedingly hypothetical.

It is more likely that the widespread application of prayer will enhance the reputation of healing institutions, in view of the facts that nearly 80% of Americans believe in the power of prayer to improve the course of illness,33 and nearly 70% of physicians report religious inquiries for counseling on terminal illness34 yet only 10% of physicians ever inquire about patients' spiritual practices or beliefs.35

In a survey36 of hospitalized patients, three fourths said they believed their physician should be concerned about their spiritual welfare, and one half said they believed their physician should not only pray for them but with them. It is unlikely that prayer could threaten the reputation of hospitals to the extent of many conventional therapies.

A recent meta-analysis of prospective studies by Lazarou et al37 found that more than 100,000 persons die in US hospitals each year from adverse drug reactions, "making these reactions between the fourth and sixth leading cause of death." A recent survey38 of American adults asked about their concerns before checking into a hospital or other health care facility.

Sixty-one percent were "very concerned" about being given the wrong medicine, 58% about the cost of treatment, 58% about the negative interaction of multiple drugs, 56% about medical procedure complications, 53% about receiving correct information about medications, and 50% about contracting an infection during their stay. Concerns about being indiscriminately prayed for did not make the list.

Dr Pande39 suggests that the analogy by Harris et al with James Lind's discovery of the healing potential of citrus fruits in scurvy is inappropriate. A person deprived of vitamin C will develop scurvy, whereas a person deprived of prayer or believing in God's existence, he states, will not become unhealthy.

There is evidence to the contrary. Scores of studies40, 41 suggest that, on average, individuals deprived of religious meaning live shorter, less healthy lives than people who follow some sort of religious path, which almost always includes prayer.

Drs Sloan and Bagiella42 question whether Harris et al are justified in suggesting that intercessory prayer be considered an adjunct to conventional medical practice, since there is no consensus in medicine about this controversial intervention.

There is indeed no consensus, but whether this is because of a lack of data or ignorance of current evidence is a valid question.43 Certainly further investigation of intercessory prayer is warranted, but we need not wait until all the answers are in before employing prayer adjunctively. This view is represented by Lancet editor Richard Horton44 in his "precautionary principle."

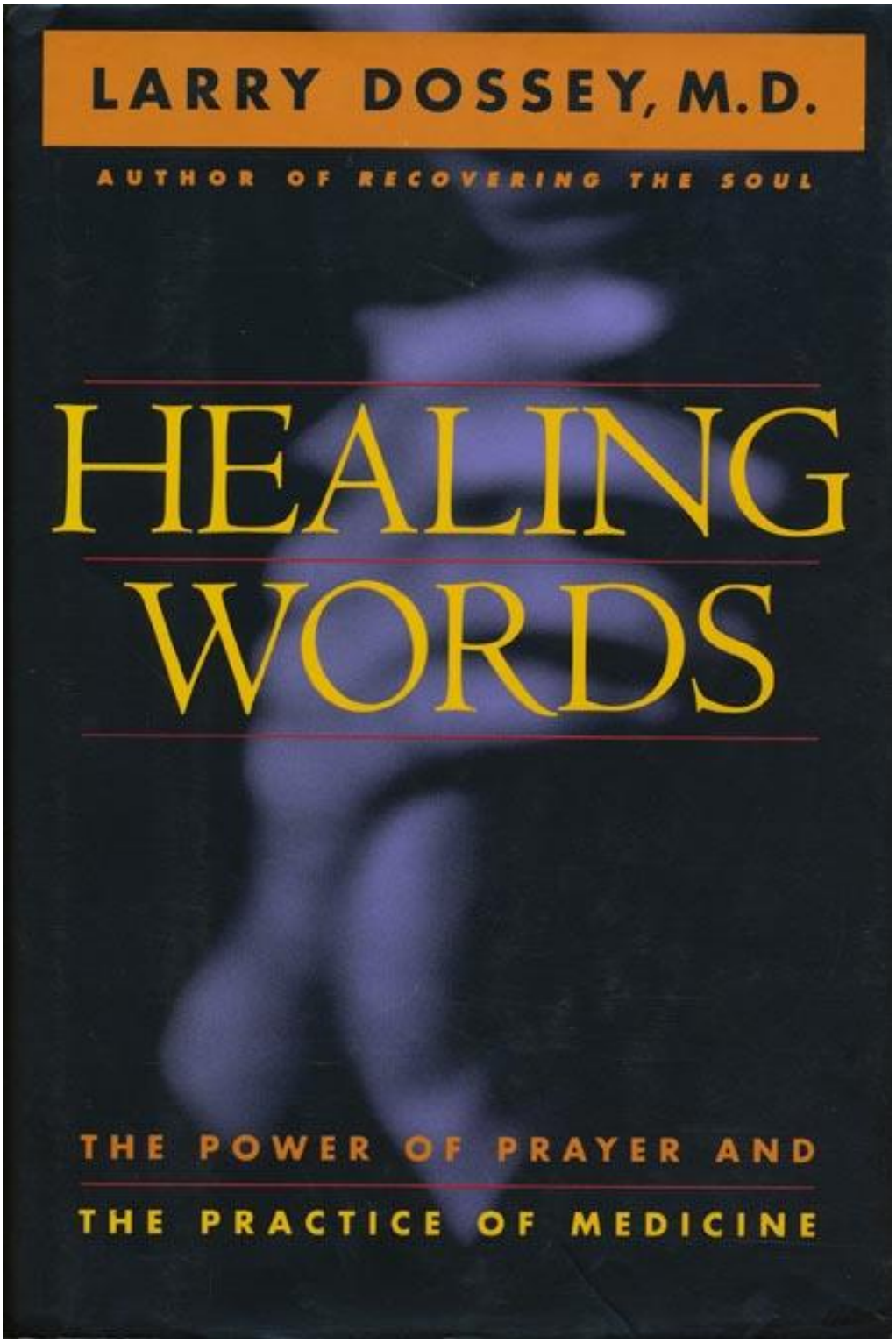
Horton states, "We must act on facts and on the most accurate interpretation of them, using the best information. That does not mean that we must sit back until we have 100 percent evidence about everything. When the . . . health of the individual is at stake . . . we should be prepared to take action to diminish those risks even when the scientific knowledge is not conclusive."

Although skepticism is an invaluable component of scientific progress, it can shade into a type of dogmatic materialism that excludes intercessory prayer in principle,45 as when Newton's critics condemned universal gravity as occult nonsense without weighing the evidence.

Both true believers and committed disbelievers in intercessory prayer might heed the view of mathematical physicist and philosopher Alfred North Whitehead,46 who coauthored Principia Mathematica with Bertrand Russell:

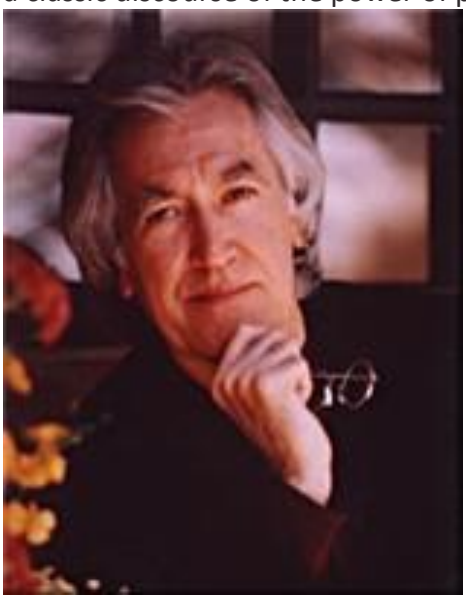
" The Universe is vast. Nothing is more curious than the self-satisfied dogmatism with which mankind at each period of its history cherishes the delusion of the finality of its existing modes of knowledge. Sceptics and believers are all alike. At this moment scientists and sceptics are the leading dogmatists. Advance in detail is admitted: fundamental novelty is barred. This dogmatic common sense is the death of philosophical adventure. The Universe is vast."

Larry Dossey, MD
Santa Fe, NM



In the Preface of his powerful book, ***Healing Words – The Power of Prayer and the Practice of Medicine***, Dr. Larry Dossey writes,

“For many years, I’d ignored prayer. I considered it an arbitrary, optional frill that simply was not in the same league as drugs and surgery. I had in fact tried to *escape*spiritual or religious influences in healing, fancying myself a *scientific* physician.”
Thankfully Dr. Dossey’s studies brought him in contact with scientific evidence of prayer’s healing power. Upon discovering a lone scientific study supporting the power of prayer, he began to probe scientific research for further confirmation and found an enormous body of proof – over one hundred experiments, many conducted under stringent laboratory conditions. A majority of these studies “showed that prayer brings about significant changes in a variety of living beings.” This revelation led Dr. Dossey to embark on ten years of research into the relationship between prayer and healing. The result is *Healing Words* – a book that has become a classic discourse of the power of prayer in healing.



Dr. Dossey cites convincing studies and case histories that demonstrate how prayer can help heal a number of ailments including high blood pressure, asthma, heart attacks, headaches, and anxiety. He provided an example in an interview titled “A Conversation About the Future of Medicine”:
“In 1998, Dr. Elisabeth Targ and her colleagues at California Pacific Medical Center in San Francisco, conducted a controlled, double-blind study of the effects of ‘distant healing,’ or prayer, on patients with advanced AIDS. Those patients receiving prayer survived in greater numbers, got sick less often, and recovered faster than those not receiving prayer. Prayer, in this study, looked like a medical breakthrough.”

In addition to providing numerous examples of how prayer can contribute to healing, Dr. Dossey book examines various methods of prayer and outlines practical guidelines for how we can all use our own minds and our connection with the divine, regardless of our religious inclination, to help gain and maintain optimum health.

Dr. Dossey's groundbreaking work has helped create a wave of interest in the topic. According to his interview, Dr. Dossey can't keep up with invitations to speak about these issues at medical schools and hospitals. Even Oprahinterviewed him about the topic. I am greatly encouraged by this increasing amount of attention being placed prayer and healing. And I agree with the author that *Healing Words* points toward "a medicine that is both effective and more humane, a medicine that works better and feels better."
This entry was posted in Mindfulness, Spirituality, Stress Management, Uncategorized and tagged Dr. Elisabeth Targ,Dr. Larry Dossey, Healing Words, prayer and healing. Bookmark the permalink.

Larry Dossey In "Healing Words: The Power of Prayer...

June 26, 1994|By Cheryl Lavin.

Larry Dossey

In "Healing Words: The Power of Prayer and the Practice of Medicine" (HarperSanFrancisco), Dr. Larry Dossey says prayers can really heal.

Q: What proof is there that prayers work?

A: There are more than 130 studies showing that if someone adopts a loving, caring attitude toward another living organism, human or not, that organism becomes healthier.

Q: For instance?

A: In 1988 a cardiologist divided 400 heart patients into two groups. One group had their first names given to prayer groups. Neither the patients nor the physicians knew who were being prayed for. Ten months later, the prayed-for group had fewer deaths, and no one in it was on a mechanical ventilator, versus 12 in the non-prayed-for group.

Q: Does prayer work as well if you pray for yourself?

A: Almost all the studies have been done using an intercessionary because it's hard to separate the effect of prayer from positive thinking and the placebo effect.

Q: Can you cite a study using non-humans?

A: Ten test tubes of identical bacteria were divided in two. One group had people praying for its speedy growth, and it did grow faster than the other group.

Q: Why would whatever higher power that hears prayers answer such a seemingly foolish request as, "Please make these five test tubes of bacteria grow faster"?

A: Maybe that power is saying, "You ought to listen up, and here's the proof."

Q: What exactly is prayer?

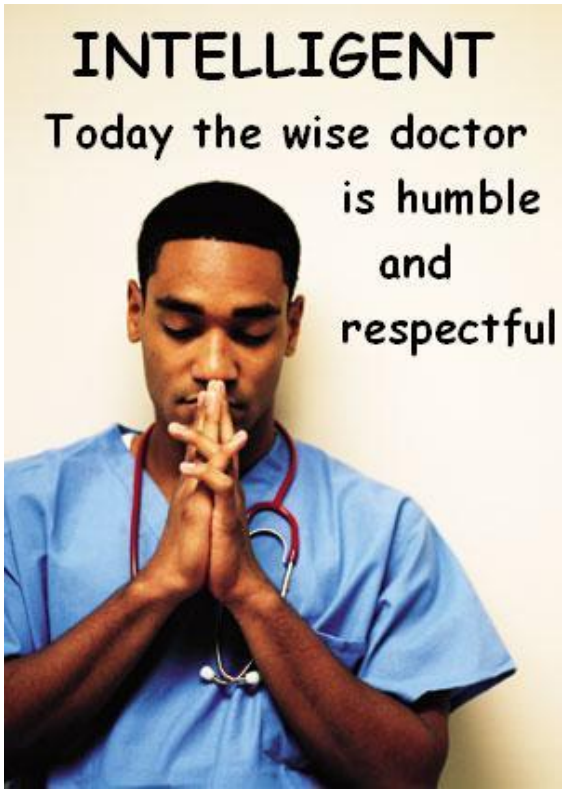
A: My definition is very, very broad: communication with the Absolute. For some, this communication is words said out loud; for others, it's silent, even beyond words. And for some, the Absolute is the Christian God; for others, it's the universe.

Q: What is the most important factor in having a prayer answered?

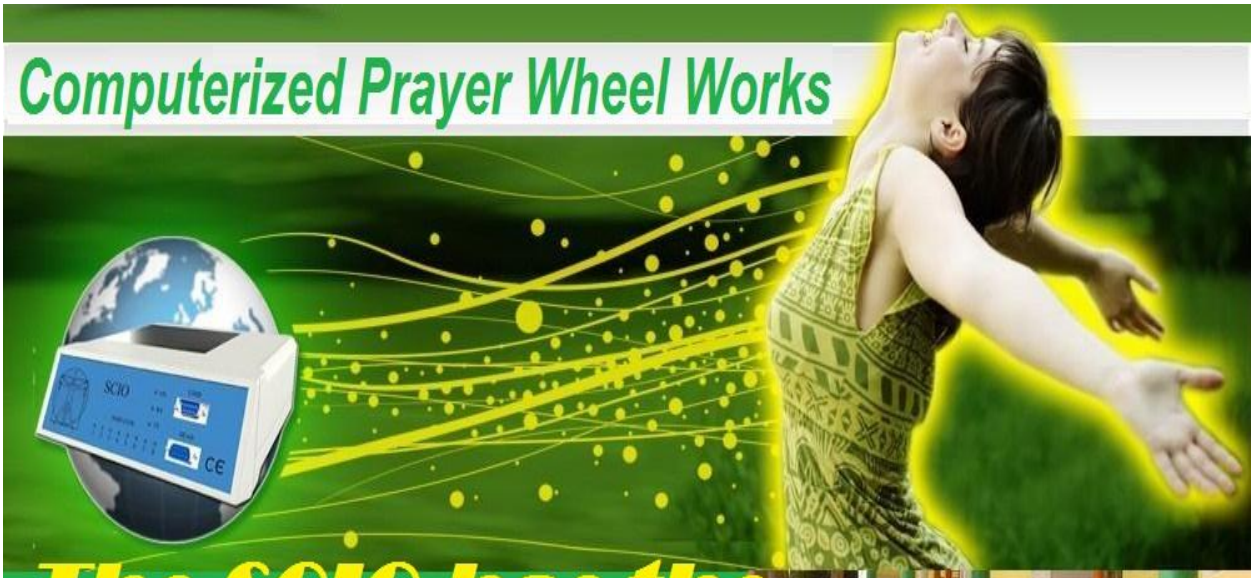
A: The degree of the love, sincerity and compassion of the one praying.

Q: Do you have to believe in an absolute power for prayer to work?

A: Yes. If you don't, I don't know how you can consider it a prayer.



Computerized Prayer Wheel Works



The SCIO has the First Quantum Prayer Wheel

Forty Years of Research Proves It Works

970,000+ Study of the Safety and Efficacy of the TVEP families in the SCIO Device

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Abstract

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Abstract:

A global and momentous research project was developed for the last three years. The SCIO device is a Universal Electro-Physiological device used for stress reduction and patient treatment. Over 2,200 qualified biofeedback therapists joined our Ethics Committee study to evaluate how stress reduction using the SCIO device could help a wide variety of diseases.

The device and thus the study has insignificant risk. There was a staff of medical doctors who designed and supervised the study. This study started in 2004 as an attempt to show the world the validation of being a SCIO therapist.

Over 98,000 patients gave informed consent and participated in the study. The study would conclusively prove safety and efficacy of the SCIO Device. With over 60% of these patients having multiple visits. There were over 275,000 patient visits. With a total record of the SCIO patient information, therapy parameters and reactivity data. No names of patients were recorded for confidentiality.

Two of the 2,200 plus therapists were given blank devices that were completely visually the same but were none functional. These two blind therapists were then given 35 patients each. This was to evaluate the double blind component of the placebo effect as compared to the device. Thus the studied groups were a placebo group, a subspace group, and an attached harness group.

This is just the first study in a long task of analysis in truly break down the data totally. This study verifies the safety and efficacy of the SCIO device. There were small effects seen in the placebo group, larger effects in the subspace, and astounding effects in the real harness group.

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ACNE VULGARIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 1833 of them reported acne. The SCIO treatments had little if any effect on acne.

Subspace Treatment 1,239 patients, **594 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 2,566 patient visits
There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were:

1,233 cases reporting no improvement of Symptoms,	48 % of Subgroup
7 cases reporting no improvement in feeling better,	.003% of Subgroup
8 cases reporting no improvement in stress reduction	.003% of Subgroup

3%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
4%---.Percentage of Improvement Measured
35%-- Percentage of Improvement in Stress Reduction
17%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,521 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

762 cases reporting no improvement of Symptoms,	50 % of Subgroup
53 cases reporting no improvement in feeling better,	.003% of Subgroup
2 cases reporting no improvement in stress reduction	.000% of Subgroup

4%--- Percentage of Improvement in Symptoms
57%--- Percentage of Improvement in Feeling Better
5%---.Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

ACROPARESTHESIA Treated by SCIO Practitioners

Numbness of extremities

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. 458 of them reported the medical diagnosis of acroparesthesia or numbness in the arms or legs. This a disease marked by attacks of tingling, numbness, and stiffness chiefly in the fingers, hands, and forearms, sometimes with pain, skin pallor, or slight cyanosis. 65% of the SCIO harness treated patients had substantial improvement. Thus showing the effects of the VARHOP stabilization on circulatory and nerve function.

Subspace Treatment 221 patients, **237 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 433 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
47%---.Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 458 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
21 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
44%---.Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior

ACQUIRED IMMUNE DEFICIENCY SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Participants have a complete history and physical examination and additional blood tests, including genetic studies, upon entering the study. They start taking SCIO treatments and following the Nahinga protocol. At the end, patients have a medical history, physical examination and blood and urine tests, including CD4+T cell count and HIV plasma viral load measurement. 5026 subjects were in the study. There were little results with the subspace group, but there were many success stories and 57% had measureable improvements in the SCIO test harness group.

Subspace Treatment 3,290 patients, **1736 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 8,733 patient visits

There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
23 cases reporting no improvement of Symptoms, .001% of Subgroup
24 cases reporting no improvement in feeling better, .001% of Subgroup
11 cases reporting no improvement in stress reduction .0001% of Subgroup
21%--- Percentage of Improvement in Symptoms
22%--- Percentage of Improvement in Feeling Better
22%---.Percentage of Improvement Measured
12%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,212 patient visits

There were 6 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
19 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
13 cases reporting no improvement in stress reduction .001% of Subgroup
56%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
57%---.Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
31%----Percentage of Improvement in SOC Behavior

Measured events included antibody response, T4 count, and quality of life. There is improvement in these categories in subspace and distinctly more improvement in the Harness group.

ALCOHOLISM Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. There are serious consequences of excess alcohol consumption. 411 patients with diagnosed alcoholism were tested. The subspace group had moderate improvements over placebo but the SCIO treatment group had very good success after the MCES (Micro-current Cranial Electro-Stimulation) treatment helped to lower desire and craving to drink. 37% reduced drinking after CES therapy.

Subspace Treatment 202 patients, **209 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 588 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

11 cases reporting no improvement of Symptoms,	.018% of Subgroup
10 cases reporting no improvement in feeling better,	.018% of Subgroup
5 cases reporting no improvement in stress reduction	.009% of Subgroup

32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 633 patient visits

There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

5 cases reporting no improvement of Symptoms,	.009% of Subgroup
8 cases reporting no improvement in feeling better,	.012% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

50%--- Percentage of Improvement in Symptoms
76%--- Percentage of Improvement in Feeling Better
37%---.Percentage of Improvement Measured
59%-- Percentage of Improvement in Stress Reduction
34%----Percentage of Improvement in SOC Behavior

SCIO ALLERSODE THERAPY

Abstract: This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Studies confirm previous research that has shown allergies in the United States are on the rise and provide more evidence to suggest global climate change may partly explain the hike, the researchers say. Both ragweed and mold are environmental allergens that may be influenced by changing global temperatures. An allergy is a reaction of your immune system to what are usually harmless, common substances, such as pollen, cat hair or dust. An antibody known as IgE binds to the offending substance, called an allergen. This binding triggers a chain reaction that ultimately results in allergy symptoms, including sneezing, wheezing and coughing. This study compares the treatments of Subspace therapy versus the SCIO harness system. Over 10,000 patients had medical diagnosis of allergy. 31% in the subspace group got improvements versus double that of 62% in the SCIO harness group whose allergy symptoms improved.

Subspace Treatment 7,941 patients, **2,403 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 22,504 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

29 cases reporting no improvement of Symptoms,	.001 % of Subgroup
23 cases reporting no improvement in feeling better,	.001% of Subgroup
21 cases reporting no improvement in stress reduction	.001% of Subgroup

25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

7 cases reporting no improvement of Symptoms,	.001 % of Subgroup
10 cases reporting no improvement in feeling better,	.001 % of Subgroup
11 cases reporting no improvement in stress reduction	.001% of Subgroup

47%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better

62%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

ALZHEIMER'S DISEASE Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. This study compares the treatments of Subspace therapy versus the SCIO harness system. Over 200 patients had medical diagnosis of Alzheimer's disease. 12% in the subspace control group got improvements versus 69% in the SCIO harness group whose mental functioning symptoms improved. The MCES treatment had definite improvements on the symptoms.

Subspace Treatment 58 patients, **161 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 78 patient visits

There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

2 cases reporting no improvement of Symptoms,	.025% of Subgroup
3 cases reporting no improvement in feeling better,	.032% of Subgroup
5 cases reporting no improvement in stress reduction	.047% of Subgroup

10%--- Percentage of Improvement in Symptoms
4 %--- Percentage of Improvement in Feeling Better
12%---.Percentage of Improvement Measured
21%-- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 310 patient visits

There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

3 cases reporting no improvement of Symptoms,	.014 % of Subgroup
1 cases reporting no improvement in feeling better,	.006% of Subgroup
3 cases reporting no improvement in stress reduction	.013 % of Subgroup

44%--- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
69%---.Percentage of Improvement Measured
58%-- Percentage of Improvement in Stress Reduction
34%----Percentage of Improvement in SOC Behavior

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ANEMIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 450 patients had medical diagnosis of anemia. 47% in the subspace group got improvements versus 44% in the SCIO harness group whose anemia improved. New studies are raising questions about whether anemia treatment drugs that have been used by millions of cancer patients might actually be harming them. This study suggests that the SCIO can be helpful in helping these patients without the drug use concerns.

Subspace Treatment 222 patients, **236 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 533 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
47%---.Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 477 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
43%--- Percentage of Improvement in Symptoms
61%--- Percentage of Improvement in Feeling Better
44%---.Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior

-

ANXIETY UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 3,000 patients had medical diagnosis of anxiety. 23% in the subspace group got improvements versus 58% in the SCIO harness group whose anxiety symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine.

Subspace Treatment 1,035 patients, **2982 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 3,458 patient visits

There were 3 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

3 cases reporting no improvement of Symptoms,	.001% of Subgroup
3 cases reporting no improvement in feeling better,	.001% of Subgroup
3 cases reporting no improvement in stress reduction	.001% of Subgroup

40 %--- Percentage of Improvement in Symptoms
38 %--- Percentage of Improvement in Feeling Better
23 %---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 4,032 patient visits

There were1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

1 cases reporting no improvement of Symptoms,	.001% of Subgroup
1 cases reporting no improvement in feeling better,	.001% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

45%--- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
58%---.Percentage of Improvement Measured
74%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior

ASTHMA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 600 patients had medical diagnosis of asthma. 21% in the subspace group got improvements versus 58% in the SCIO harness group whose asthma symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine used for emotional stability. This also has been shown to help allergy and inflammation concerns such as asthma in this study.

Subspace Treatment 122 patients, **509 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 323 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0.001 % of Subgroup
0 cases reporting no improvement in feeling better,	0.001% of Subgroup
0 cases reporting no improvement in stress reduction .	0.001% of Subgroup

33%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1308 patient visits

There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

2 cases reporting no improvement of Symptoms,	0.001% of Subgroup
5 cases reporting no improvement in feeling better,	0.001% of Subgroup
1 cases reporting no improvement in stress reduction	0.001% of Subgroup

43%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
54%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

BACTERIA INFECTION Treated by SCIO Practitioners

BACTEREMIA

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of some type of bacterial infection. 13% in the subspace group got improvements versus over 50% in the SCIO harness group whose infection improved. The SCIO can autofocus an electrocution signal to lower bacteria counts as well as stimulate the natural recticuloendothelial system.

Subspace Treatment 3,922 patients, **6,281 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 4,659 patient visits

There were 9 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

34 cases reporting no improvement of Symptoms,	.007% of Subgroup
53 cases reporting no improvement in feeling better,	..012% of Subgroup
3 cases reporting no improvement in stress reduction	.001% of Subgroup

23%--- Percentage of Improvement in Symptoms
26%--- Percentage of Improvement in Feeling Better
13%---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 14,553 patient visits

There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficultly.
There were

21 cases reporting no improvement of Symptoms,	.001% of Subgroup
15 cases reporting no improvement in feeling better,	.001% of Subgroup
21 cases reporting no improvement in stress reduction	.001% of Subgroup

45%--- Percentage of Improvement in Symptoms
68%--- Percentage of Improvement in Feeling Better
56%---.Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

Dramatic and significant improvements in symptoms and in measured reduction in the infections.

This points to the value of the Neuro-Immuno link that biofeedback works with, and also validation of the electrocution Zap principle used by the SCIO.

BICARB DEFICIENCY, Treated by SCIO Practitioners

Potassium and Magnesium Metabolism, Pancreatic Bicarb Deficiency

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 120 patients had medical diagnosis of Pancreas Bicarb deficiency. 42% in the subspace group got improvements versus 48% in the SCIO harness group whose Bicarb deficiency symptoms improved.

Subspace Treatment 21 patients, **107 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 43 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
0 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
42%---.Percentage of Improvement Measured
33%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 258 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, % of Subgroup
1 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
48%---.Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior

BRAIN FATIGUE UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 44,000 patients had symptoms of brain fatigue. 21% in the subspace group got improvements versus 52% in the SCIO harness group whose brain fatigue symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine and it helps brain fatigue quite well.

Subspace Treatment 14,516 patients, **18,508 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 14,516 patients....30,289 patient visits

There were 238 cases were patients reported a negative Improvement.
None of these cases reported any major difficulty.
There were

439 cases reporting no improvement of Symptoms,	.0173% of Subgroup
69 cases reporting no improvement in feeling better,	.0001% of Subgroup
32 cases reporting no improvement in stress reduction	.0001% of Subgroup

22%--- Percentage of Improvement in Symptoms
41%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 18,508 patients....53,542 patient visits

There were 50 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

531 cases reporting no improvement of Symptoms,	.0028% of Subgroup
12 cases reporting no improvement in feeling better,	.0001% of Subgroup
13 cases reporting no improvement in stress reduction	.0001% of Subgroup

53%--- Percentage of Improvement in Symptoms
53%--- Percentage of Improvement in Feeling Better
52%---.Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

Brain wave detection and correction with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1800 patients had medical diagnosis of brain wave disorders. 8% in the subspace group got improvements versus 85% in the SCIO harness group whose brain waves improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine. This MCES can be used to balance brain wave disorders.

Subspace Treatment 641- patients, **1265 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 783 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

3 cases reporting no improvement of Symptoms,	0.001% of Subgroup
4 cases reporting no improvement in feeling better,	0.001% of Subgroup
7 cases reporting no improvement in stress reduction	0.001% of Subgroup

21%--- Percentage of Improvement in Symptoms
12%--- Percentage of Improvement in Feeling Better
8 %---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,983 patient visits

There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

21 cases reporting no improvement of Symptoms,	0.001% of Subgroup
5 cases reporting no improvement in feeling better,	0.001% of Subgroup
5 cases reporting no improvement in stress reduction	0.001% of Subgroup

45%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
85%---.Percentage of Improvement Measured
52%-- Percentage of Improvement in Stress Reduction
31%----Percentage of Improvement in SOC Behavior

The brainwave was measured and there was a significant improvement with the Harness group of 85%.

CANCER Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 7,500 patients had medical diagnosis of cancer. 28% in the subspace group got improvements versus 63% in the SCIO harness group whose cancer profile improved.

The SCIO device uses the principles of Quantum Electro Dynamics (QED) as the base of an energetic medicine technique for healing. Bioresonance, Volt-Ammetry, Trivector, Provocative Allergy Tests, Infection Reaction Testing and Immune Stimulation, Electro-Acupuncture, Neurological-Stimulation, Biofeedback-Psychological Interaction, Muscle-Neurological Re-education, Homotoxicity and Homeopathy, Electrophysiological Diagnosis, Behavioral Management Therapy and more are advant garde therapies registered for the SCIO device to perform on patients.

Cancer is a dys-regulation of the metabolic/reproductive epigenic rhythm. This dysfunction shifts the energy from metabolism to reproduction. Thus the cancer cells grow. This is explained in the PROMORPHEUS and in the IMUNE cancer video. The SCIO device can interrupt the epigenic dysfunction and thus destroy the cancer cells.

In this study the disease group total number of patients was **7,672,** with Subspace Treatment **2,109** patients, and **5,563** SCIO Harness Patients. There was

Subspace Treatment 5,601 patient visits, SCIO Harness Treatment 16,720 patient visits.

The results show dramatic promise for the premise that the QED functions of the SCIO can have healing effects on a cancer patient. There was over 2,000 cases of cures reported in this study. More than fifty percent of the patients reported positive results. There was insignificant negative risk effects reported.

Subspace Treatment 2,109 patients, **5,563 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 5,601 patient visits

There were 4 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

11 cases reporting no improvement of Symptoms,	.002% of Subgroup
15 cases reporting no improvement in feeling better,	.002% of Subgroup
11 cases reporting no improvement in stress reduction	.002% of Subgroup

27%--- Percentage of Improvement in Symptoms

27%--- Percentage of Improvement in Feeling Better
28%---.Percentage of Improvement Measured
35%-- Percentage of Improvement in Stress Reduction
6 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 16,720 patient visits

There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
14 cases reporting no improvement of Symptoms, .001 % of Subgroup
15 cases reporting no improvement in feeling better, .001% of Subgroup
15 cases reporting no improvement in stress reduction .001% of Subgroup
56*%--- Percentage of Improvement in Symptoms*
57*%--- Percentage of Improvement in Feeling Better*
63*%---.Percentage of Improvement Measured*
75*%-- Percentage of Improvement in Stress Reduction*
20%----Percentage of Improvement in SOC Behavior

CARDIAC ARRHYTHMIA Treated by SCIO Practitioners

IRREGULAR PULSE

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1500 patients had medical diagnosis of arrhythmia. 12%in the subspace group got improvements versus 55 % in the SCIO harness group whose arrhythmia improved.

Subspace Treatment 321 patients, **1188 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 375 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001% of Subgroup
0 cases reporting no improvement in stress reduction .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
26%--- Percentage of Improvement in Feeling Better
12%---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
7%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2047 patient visits

There were 3 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
5 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
2 cases reporting no improvement in stress reduction % of Subgroup
38%--- Percentage of Improvement in Symptoms
47%--- Percentage of Improvement in Feeling Better
55%---.Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

CIRCULATION DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 8,000 patients had medical diagnosis of circulatory problems. 33% in the subspace group got improvements versus 65% in the SCIO harness group whose circulatory symptoms improved.

Subspace Treatment 1,241 patients, **7,333 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 3,537 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

13 cases reporting no improvement of Symptoms,	.001 % of Subgroup
13 cases reporting no improvement in feeling better,	.001% of Subgroup
21 cases reporting no improvement in stress reduction	.001% of Subgroup

22%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
33%---.Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

6 cases reporting no improvement of Symptoms,	.001 % of Subgroup
12 cases reporting no improvement in feeling better,	.001 % of Subgroup
10 cases reporting no improvement in stress reduction	.001% of Subgroup

47%--- Percentage of Improvement in Symptoms
56%--- Percentage of Improvement in Feeling Better
66%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
42%----Percentage of Improvement in SOC Behavior

Clinical Review of Biofeedback Stress Therapy with the QXCI / SCIO biofeedback device

Abstract:

This article reviews the clinical results and experiences of users of the QXCI biofeedback device. The practice of biofeedback dates back several decades. The technique of using biofeedback devices to diagnose stress and treat stress is receiving more attention in our ever increasingly stressful world. In this article we review the positive results achieved from clinical experience treating patients on a day to day basis. In over two thousand patient visits the QXCI was over 80% successful in reducing stress.

COMMON COLD Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 15,000 patients had medical diagnosis of the common cold. 28% in the subspace group got improvements versus 65% in the SCIO harness group whose cold symptoms improved.

Subspace Treatment 12,720 patients, **4,878 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 17,901 patient visits

There were 7 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
9 cases reporting no improvement of Symptoms, .001% of Subgroup
11 cases reporting no improvement in feeling better, .001% of Subgroup
6 cases reporting no improvement in stress reduction .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
28%---.Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits

There were 11 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup
45%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
65%---.Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

DEPRESSION + SEASONAL AFFECTIVE DISORDER Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 40,000 patients had medical diagnosis of S.A.D. -37% in the subspace group got improvements versus 56% in the SCIO harness group whose depression symptoms improved. Micro-current Cranial Electro Stimulation MCES is a new advance in Cranial Electro Stimulation CES and energetic medicine. This MCES can be used to balance emotional disorders.

Subspace Treatment 13,878 patients, **18,152 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 21,092 patient visits

There were 34 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
43 cases reporting no improvement of Symptoms, .0021% of Subgroup
57 cases reporting no improvement in feeling better, .0027% of Subgroup
34 cases reporting no improvement in stress reduction .0016% of Subgroup
34%--- Percentage of Improvement in Symptoms
36%--- Percentage of Improvement in Feeling Better
37%---.Percentage of Improvement Measured
46%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 39,983 patient visits

There were 25 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
32 cases reporting no improvement of Symptoms, .001% of Subgroup
32 cases reporting no improvement in feeling better, .001% of Subgroup
32 cases reporting no improvement in stress reduction .001% of Subgroup
55%--- Percentage of Improvement in Symptoms
61%--- Percentage of Improvement in Feeling Better

56%---.Percentage of Improvement Measured
70%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

CORRELATIVE INFECTION COMPARISONS TO SCIO

XRROID REACTIVITY REVISED 1989-1994-2001-2007

Abstract:

The first assay of these factors was done in 1989, then again 1994 and now in 2007. One of those papers was presented at the Hungarian Diagnostic and Laboratory World Seminar in September, 1994, in Pecs, Hungary (a major world-wide congress on laboratory and diagnostic techniques). The 1989 paper was the basis of USA registration of the EPFX. Eighteen years latter there was a need for a more complete reevaluation.

This review report scrutinizes a comparison between cultured blood, skin, urine, lymph and stool results, and SCIO Electro-Physiological-Feedback EPR reactivity. Events display that the Xrroid has a very high interdependence to culture results, and thus the Xrroid is very helpful in determining the electrical reactivity of the patient, and in determining the type of infection the patient might have. The over-all correlation was approximately 91%. The existence of many so called false positives or infections that are subclinical makes reading difficult. This makes the SCIO profile a good pre-diagnostic tool.

DIGESTIVE DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 16,000 patients had medical diagnosis of digestive dysfunction. 32% in the subspace group got improvements versus 62% in the SCIO harness group whose digestive distress symptoms improved.

Subspace Treatment 7,954 patients, **8,410 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 12,504 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

29 cases reporting no improvement of Symptoms,	.001 % of Subgroup
25 cases reporting no improvement in feeling better,	.001% of Subgroup
28 cases reporting no improvement in stress reduction	.001% of Subgroup

27%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
32%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 17,990 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

7 cases reporting no improvement of Symptoms,	.001 % of Subgroup
9 cases reporting no improvement in feeling better,	.001 % of Subgroup
11 cases reporting no improvement in stress reduction	.001% of Subgroup

47%--- Percentage of Improvement in Symptoms

60%--- Percentage of Improvement in Feeling Better
62%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

Electro-Acupuncture with the SCIO as a safe and effective therapy

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. **56,641** of them were treated with Electro-acupuncture, over **100,000** visits. And the results of their therapy are reported in this study.

Imagine a medical device that could check all of the acupuncture points in your body, then treat them, give you a list of unrepaired points, draw you a picture of the problem points, and give you another chance to repair the point.

Acupuncturists now do not have time to check and treat all of the possible points. So an acupuncturist has to interview symptoms and then determine the short list of points to deal with. But what if a device could be developed to automatically test and treat all points.

Such a device is available today and has been tested, registered, and validated for legal use. The QXCI device is this and more. This article reviews a new process of electro-acupuncture diagnosis and therapy. The computer can be used to accomplish this in minutes allowing for total electro-acupuncture therapy of a patient in a matter of minutes. This revelation in medicine involves a new computerized technology.

Subspace Treatment 20,233 patients, **36,408- SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 50,656 patient visits
There were 33 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

311 cases reporting no improvement of Symptoms,	0.001% of Subgroup
321 cases reporting no improvement in feeling better,	0.001% of Subgroup
111 cases reporting no improvement in stress reduction	0.001% of Subgroup

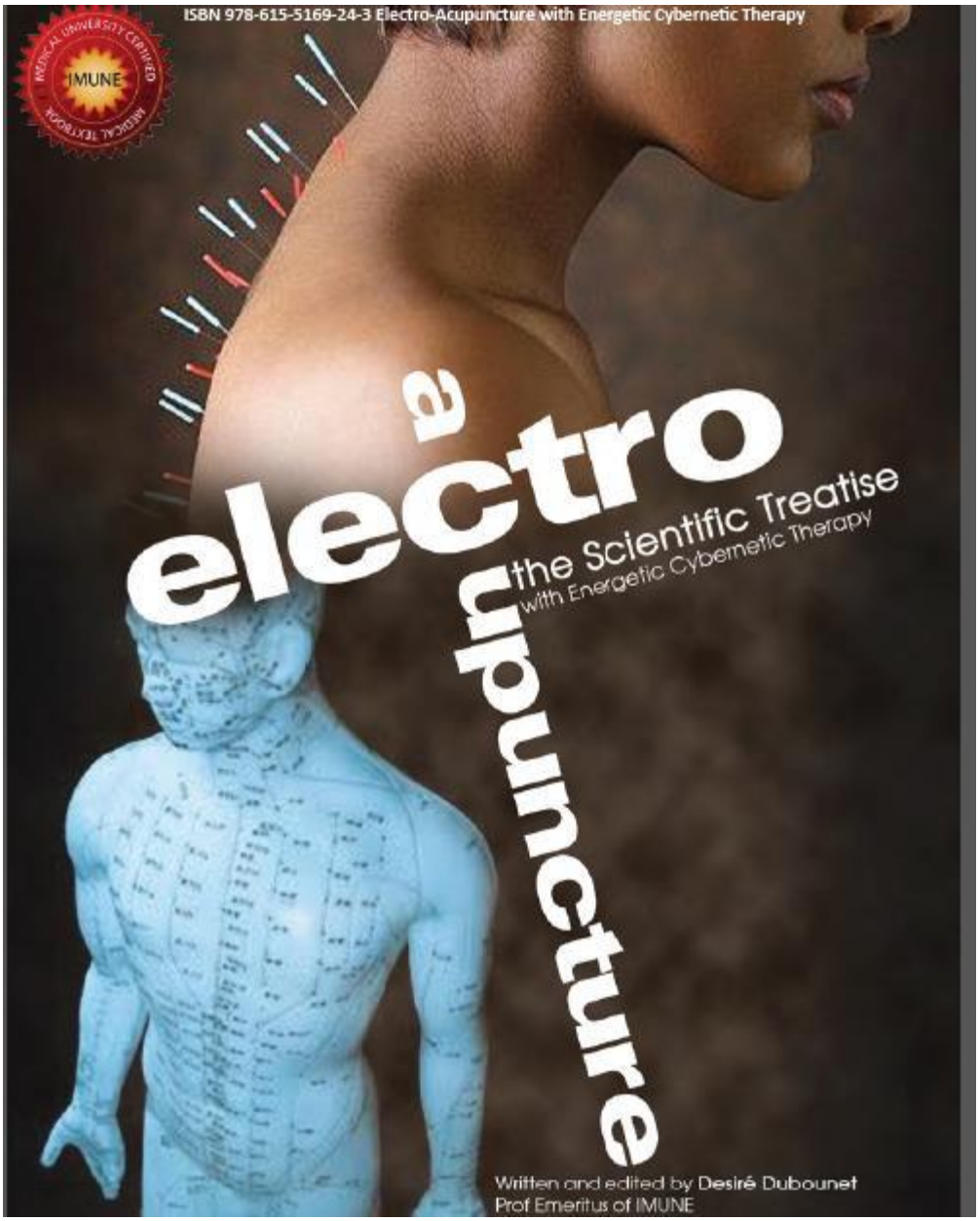
37%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
45%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 100,301 patient visits

There were 6 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

432 cases reporting no improvement of Symptoms,	0.001% of Subgroup
344 cases reporting no improvement in feeling better,	0.001% of Subgroup
76 cases reporting no improvement in stress reduction	0.001% of Subgroup

54%--- Percentage of Improvement in Symptoms
48%--- Percentage of Improvement in Feeling Better
43%---.Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
25%----Percentage of Improvement in SOC Behavior



ENDOMETRIOSIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of endometriosis. Endometriosis is a gynecologic disorder that is frequently encountered in the emergency department (ED) as well as in the outpatient setting. Because it is enigmatic, endometriosis can present as a diagnostic and therapeutic challenge for emergency physicians in their approach to the female patient with pelvic pain. 21% in the subspace

group got improvements versus 46% in the SCIO harness group whose endometriosis symptoms improved.

Subspace Treatment 320 patients, **269 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 489 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .002 % of Subgroup
1 cases reporting no improvement in feeling better, .002% of Subgroup
2 cases reporting no improvement in stress reduction .004% of Subgroup
32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
2%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 430 patient visits

There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficult.
There were
0 cases reporting no improvement of Symptoms, .001 % of Subgroup
0 cases reporting no improvement in feeling better, .001 % of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
44%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
46%---.Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

Ulcerative COLITIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Ulcerative colitis is an inflammatory bowel disease that results in chronic inflammation in digestive tract, usually in the large intestine (colon) and the rectum.
Symptoms of ulcerative colitis may include:

- Abdominal pain, Bloody diarrhea, Rectal bleeding, Feeling of urgency, Inability to have a bowel movement despite the urge to do so, Abdominal cramping and pain, Weight loss

Symptoms may also occur outside the gut and include joint pain, eye inflammation, skin rashes and lesions, and mouth ulcers. Over 2,400 patients had medical diagnosis of colitis. 33% in the subspace group got improvements versus 43% in the SCIO harness group whose colitis symptoms improved.

Subspace Treatment 1,387 patients, **1,102 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 3.450 patient visits

There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
41 cases reporting no improvement of Symptoms, 0.001% of Subgroup
51cases reporting no improvement in feeling better, 0.001% of Subgroup
5 cases reporting no improvement in stress reduction 0.001% of Subgroup
32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
33%---.Percentage of Improvement Measured
39%-- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,999 patient visits

There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
23 cases reporting no improvement of Symptoms, 0.001% of Subgroup
20 cases reporting no improvement in feeling better, 0.001% of Subgroup
2 cases reporting no improvement in stress reduction 0.001% of Subgroup
24%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
54%---.Percentage of Improvement Measured
57%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

ESOPHAGITIS GASTRIC REFLUX Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 700 patients had medical diagnosis of gastric reflux.29% in the subspace group got improvements versus 31% in the SCIO harness group whose reflux symptoms improved. The lifestyle instructions in both categories of treatment were more responsible for improvement than the SCIO.

Subspace Treatment 238 patients, **468 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 433 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

2 cases reporting no improvement of Symptoms,	.005% of Subgroup
4 cases reporting no improvement in feeling better,	.01% of Subgroup
5 cases reporting no improvement in stress reduction	.01% of Subgroup

23%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
29%---.Percentage of Improvement Measured
37%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 656 patient visits

There were 1 cases of patients who reported a negative Improvement.
This patient reported some extreme skin redness from the harness.
There were

3 cases reporting no improvement of Symptoms,	.004 % of Subgroup
2 cases reporting no improvement in feeling better,	.004% of Subgroup
2 cases reporting no improvement in stress reduction	.004 % of Subgroup

32%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
31%---.Percentage of Improvement Measured
38%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior

FEMALE DISORDERS, PMS PMT, PREMENSTRUAL STRESS OR TENSION Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of PMS. 31% in the subspace group got improvements versus 60% in the SCIO harness group whose PMS symptoms improved.

Subspace Treatment 7,941 patients, **2,406 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 22,504 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

29 cases reporting no improvement of Symptoms,	.001 % of Subgroup
23 cases reporting no improvement in feeling better,	.001% of Subgroup
21 cases reporting no improvement in stress reduction	.001% of Subgroup

25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,890 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

7 cases reporting no improvement of Symptoms,	.001 % of Subgroup
10 cases reporting no improvement in feeling better,	.001 % of Subgroup
11 cases reporting no improvement in stress reduction	.001% of Subgroup

47%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
62%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

FLEXIBILITY, Restricted Range of Motion Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their

diseases. Over 9,000 patients had medical diagnosis of restricted motion. 33% in the subspace group got improvements versus 64% in the SCIO harness group whose restricted flexibility symptoms improved.

Subspace Treatment 2,941 patients, **6,404 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 8,504 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

29 cases reporting no improvement of Symptoms,	.001 % of Subgroup
23 cases reporting no improvement in feeling better,	.001% of Subgroup
21 cases reporting no improvement in stress reduction	.001% of Subgroup

25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
33%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 11,897 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

7 cases reporting no improvement of Symptoms,	.001 % of Subgroup
10 cases reporting no improvement in feeling better,	.001 % of Subgroup
11 cases reporting no improvement in stress reduction	.001% of Subgroup

47%--- Percentage of Improvement in Symptoms
54%--- Percentage of Improvement in Feeling Better
64%---.Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

FRACTURES Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their

diseases. Over 100 patients had medical diagnosis of bone fracture. 2% in the subspace group got improvements versus 34% in the SCIO harness group whose bone fracture improved.

Subspace Treatment 32 patients, **93 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 87 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0.% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
2 %---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 201 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0 % of Subgroup
32%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
39%---.Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
7 %----Percentage of Improvement in SOC Behavior
-

GASTRIC - ESOPHAGEAL REFLUX HIATAL HERNIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy is reported in this study

Subspace Treatment 121 patients, **428 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 331 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	.00% of Subgroup
0 cases reporting no improvement in feeling better,	.00% of Subgroup
0 cases reporting no improvement in stress reduction	.00% of Subgroup

12%--- Percentage of Improvement in Symptoms
13%--- Percentage of Improvement in Feeling Better
44%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 982 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

1 cases reporting no improvement of Symptoms,	.001% of Subgroup
3 cases reporting no improvement in feeling better,	.001 % of Subgroup
1 cases reporting no improvement in stress reduction	.001% of Subgroup

41%--- Percentage of Improvement in Symptoms
72%--- Percentage of Improvement in Feeling Better
45%---.Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
32%----Percentage of Improvement in SOC Behavior

HAY FEVER ALLERGIC RHINITIS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1700 patients had medical diagnosis of allergic rhinitis. 41% in the subspace group got improvements versus 51% in the SCIO harness group whose allergic rhinitis symptoms improved.

Subspace Treatment 899 patients, **867 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 2,334 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
49%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
41%---.Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,225 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, 0% of Subgroup
1 cases reporting no improvement in feeling better, 0% of Subgroup
1 cases reporting no improvement in stress reduction 0% of Subgroup
47%--- Percentage of Improvement in Symptoms
47%--- Percentage of Improvement in Feeling Better
51%---.Percentage of Improvement Measured
59%-- Percentage of Improvement in Stress Reduction
7%----Percentage of Improvement in SOC Behavior

HEADACHE Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 5,500 patients had medical diagnosis of headache. 21% in the subspace group got improvements versus 59% in the SCIO harness group whose headaches improved.

Subspace Treatment 2,565 patients, **3,326 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 4,670 patient visits

There were 21 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

32 cases reporting no improvement of Symptoms,	.007 % of Subgroup
21 cases reporting no improvement in feeling better,	.004% of Subgroup
21 cases reporting no improvement in stress reduction	.004% of Subgroup

32%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 5,439 patient visits

There were23 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

23 cases reporting no improvement of Symptoms,	.004% of Subgroup
23 cases reporting no improvement in feeling better,	.004% of Subgroup
24 cases reporting no improvement in stress reduction	.004 % of Subgroup

43%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
59%---.Percentage of Improvement Measured
60%-- Percentage of Improvement in Stress Reduction
5 %----Percentage of Improvement in SOC Behavior

HERNIATED DISK LUMBAR | L1, L2, L3, L4, L5] THORACIC CERVICAL Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of disk herniation. 34% in the subspace group got improvements versus 57% in the SCIO harness group whose disk symptoms improved.

Subspace Treatment 320 patients, **183 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 430 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0.% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
34%---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 230 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0 % of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
56%--- Percentage of Improvement in Symptoms
56%--- Percentage of Improvement in Feeling Better
57%---.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior

HYPERTONIA Treated by SCIO Practitioners

Hypertension, High Blood Pressure

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 250 patients had medical diagnosis of high blood pressure. 30% in the subspace group got improvements versus 45% in the SCIO harness group whose high blood pressure condition improved.

Subspace Treatment 29 patients, **230 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 53 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
30%---.Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 433 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting no improvement of Symptoms, % of Subgroup
3 cases reporting no improvement in feeling better, % of Subgroup
0 cases reporting no improvement in stress reduction % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
45%---.Percentage of Improvement Measured
65%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

HYPOADRENIA, WEAK ADRENALS, STRESS SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 25,000 patients had medical diagnosis of hypo-adrenia. 30% in the subspace group got improvements versus 60% in the SCIO harness group whose hypo-adrenia symptoms improved.

Subspace Treatment 10,722 patients, **15,128 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 34,945 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0.0% of Subgroup
0 cases reporting no improvement in feeling better,	0.0% of Subgroup
0 cases reporting no improvement in stress reduction	0.0% of Subgroup

33%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
30%---.Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
1 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment47,930 patient visits

There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

8 cases reporting no improvement of Symptoms,	.001% of Subgroup
8 cases reporting no improvement in feeling better,	.001% of Subgroup
5 cases reporting no improvement in stress reduction	.000% of Subgroup

47%--- Percentage of Improvement in Symptoms
46%--- Percentage of Improvement in Feeling Better
59%---.Percentage of Improvement Measured
78%-- Percentage of Improvement in Stress Reduction
24%----Percentage of Improvement in SOC Behavior

HYPOGLYCEMIA- Oscillating Blood Sugar Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of hypoglycemia. 30% in the subspace group got improvements versus 63% in the SCIO harness group whose hypoglycemic symptoms improved.

Subspace Treatment 7,741 patients, **2,403 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 21,534 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
22 cases reporting no improvement of Symptoms, .001 % of Subgroup
21 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%--- Percentage of Improvement in Symptoms
20%--- Percentage of Improvement in Feeling Better
30%---.Percentage of Improvement Measured
31%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 15,393 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
42%--- Percentage of Improvement in Symptoms
51%--- Percentage of Improvement in Feeling Better
63%---.Percentage of Improvement Measured
67%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

HYPOTHYROID Weak Thyroid Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of hypothyroid. 40% in the subspace group got improvements the same as 40% in the SCIO harness group whose low thyroid symptoms improved.

Subspace Treatment 25 patients, **34 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 46 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	.001% of Subgroup
0 cases reporting no improvement in feeling better,	.001% of Subgroup
0 cases reporting no improvement in stress reduction	.001% of Subgroup

12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
40%---.Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 121 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

1 cases reporting no improvement of Symptoms,	.001 % of Subgroup
2 cases reporting no improvement in feeling better,	.001% of Subgroup
1 cases reporting no improvement in stress reduction	.001% of Subgroup

45%--- Percentage of Improvement in Symptoms
49%--- Percentage of Improvement in Feeling Better
40%---.Percentage of Improvement Measured
60%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

HYSTERIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of hysteria. 35% in the subspace group got improvements the same as 35% in the SCIO harness group whose hysteria improved.

Subspace Treatment 31 patients, **28 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 58 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0- cases reporting no improvement of Symptoms, .0% of Subgroup
0- cases reporting no improvement in feeling better, .0% of Subgroup
0- cases reporting no improvement in stress reduction . 0% of Subgroup
28%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
35%---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 61 patient visits

There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, .02% of Subgroup
1 cases reporting no improvement in feeling better, .02 % of Subgroup
1 cases reporting no improvement in stress reduction .02% of Subgroup
35%--- Percentage of Improvement in Symptoms
35%--- Percentage of Improvement in Feeling Better
35%---.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

IMPOTENCE Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 200 patients had medical diagnosis of impotence. 23% in the subspace group got improvements versus 45% in the SCIO harness group whose impotence symptoms improved.

Subspace Treatment 34 patients, **177 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 55 patient visits

There were0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	.0% of Subgroup
0- cases reporting no improvement in feeling better,	.0% of Subgroup
0 cases reporting no improvement in stress reduction	.0% of Subgroup

22%--- Percentage of Improvement in Symptoms
22%--- Percentage of Improvement in Feeling Better
23%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
1 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment ----- patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0 % of Subgroup
0 cases reporting no improvement in feeling better,	0% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

34%--- Percentage of Improvement in Symptoms
35%--- Percentage of Improvement in Feeling Better
45%---.Percentage of Improvement Measured
76%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

-

INDIGESTION Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 4,000 patients had medical diagnosis of indigestion. 23% in the subspace group got improvements versus 28% in the SCIO harness group whose indigestion symptoms improved.

Subspace Treatment 1,032 patients, **2980 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 3,450 patient visits

There were 3 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

3 cases reporting no improvement of Symptoms,	.001% of Subgroup
3 cases reporting no improvement in feeling better,	.001% of Subgroup
3 cases reporting no improvement in stress reduction	.001% of Subgroup

40 %--- Percentage of Improvement in Symptoms
38 %--- Percentage of Improvement in Feeling Better
23 %---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3991 patient visits

There were1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

1 cases reporting no improvement of Symptoms,	.001% of Subgroup
1 cases reporting no improvement in feeling better,	.001% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

35%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
28%---.Percentage of Improvement Measured
54%-- Percentage of Improvement in Stress Reduction
9 %----Percentage of Improvement in SOC Behavior

-

Infection Reaction Testing and Immune Stimulation with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 43,000 patients had medical diagnosis of infection. 21% in the subspace group got improvements versus 34% in the SCIO harness group whose infections improved.

There were 43,023 patients with reported infections. Infections ranging from virus to worms, bacteria to fungus, and ricketsia to pion. This study chronicles their SCIO treatment in general terms.

Subspace Treatment 24,516 patients, **18,507 SCIO Harness Patients**
OVERALL ASSESSMENT
A. Subspace Treatment 25,516 patients
There were 238 cases were patients reported a negative Improvement.
None of these cases reported any major difficulty.
There were

439 cases reporting no improvement of Symptoms,	.0173% of Subgroup
69 cases reporting no improvement in feeling better,	.0001% of Subgroup
32 cases reporting no improvement in stress reduction	.0001% of Subgroup

23%--- Percentage of Improvement in Symptoms
40%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior
5,431 patients reported measured infections. There was a 32% measured improvement over a one month period.
B. SCIO Harness Treatment 18,507 patients
There were 50 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

531 cases reporting no improvement of Symptoms,	.0028% of Subgroup
12 cases reporting no improvement in feeling better,	.0001% of Subgroup
13 cases reporting no improvement in stress reduction	.0001% of Subgroup

43%--- Percentage of Improvement in Symptoms

43%--- Percentage of Improvement in Feeling Better
32%---.Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior
7,800 patients reported measured infections. There was a 56% measured improvement over a one month period.

Injured or Diseased Tissue Detection and Repair with the SCIO

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 35,000 patients had medical diagnosis of injury. 16% in the subspace group got improvements versus 43% in the SCIO harness group whose injury symptoms improved.

In this report we review the detection and treatment of injured tissue. In our testing procedure we use measurements of multiple voltage potential, amperage potential, and resistance vectors. We can determine the potentials as normal or as diseased from the experiences of energetic medicine. Once detected the computer can then repair these injured tissue with proper autofocused TENS electrical stimulation. The SCIO device allows for detection and correction at biological speeds or in excess of one hundredths of a second.

Many athletes such as Lance Armstrong, Michael Shumaker, Valentino Rossi, AC Milan football team, the San Antonio Spurs use and have used the Injured tissue repair system. It helps to get an athlete back into the game after an injury.

This report relates how a large scale use of the system has proven the safety and efficacy.

Subspace Treatment 15,032 patients, **19,900 SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 45,082 patient visits
There were 23 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
592 cases reporting no improvement of Symptoms, % of Subgroup
326 cases reporting no improvement in feeling better, % of Subgroup
44 cases reporting no improvement in stress reduction % of Subgroup
21%--- Percentage of Improvement in Symptoms
31%--- Percentage of Improvement in Feeling Better
16%---.Percentage of Improvement Measured
43%-- Percentage of Improvement in Stress Reduction

9%----Percentage of Improvement in SOC Behavior

12,985 patients reported measured injuries. There was a 22% measured improvement over a one month period.

B. SCIO Harness Treatment 53,891 patient visits

There were 32 cases of patients who reported a negative Improvement.

None of these cases reported any major difficulty.

There were

23 cases reporting no improvement of Symptoms, % of Subgroup

56 cases reporting no improvement in feeling better, % of Subgroup

3 cases reporting no improvement in stress reduction % of Subgroup

69%--- Percentage of Improvement in Symptoms

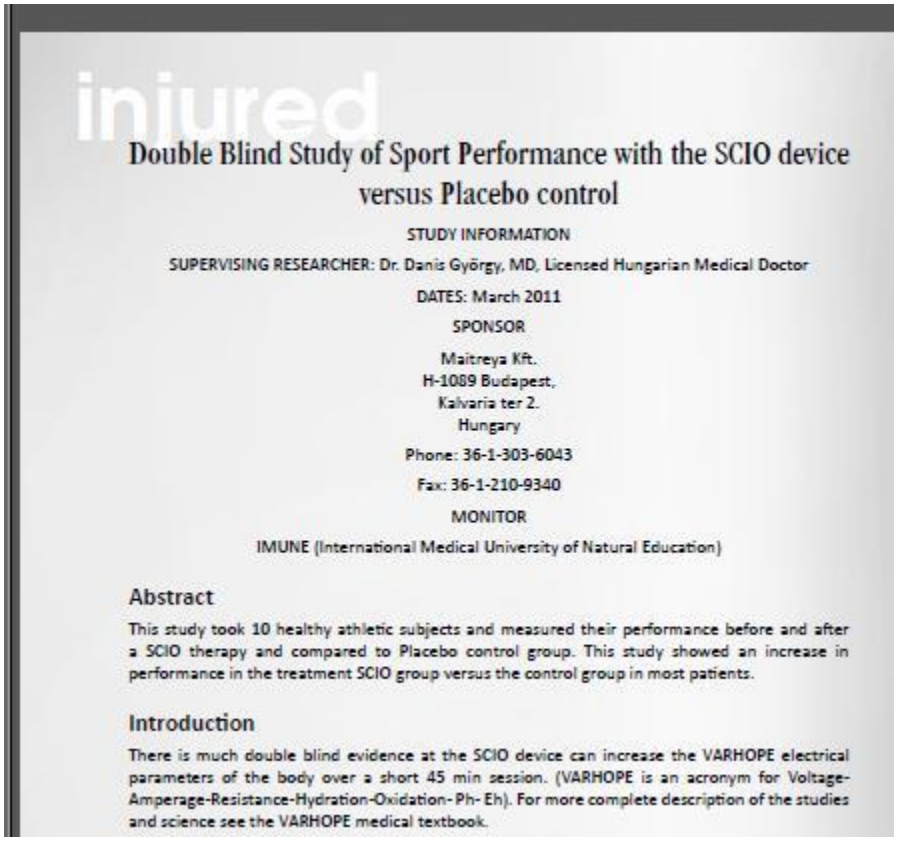
67%--- Percentage of Improvement in Feeling Better

45%---.Percentage of Improvement Measured

42%-- Percentage of Improvement in Stress Reduction

21%----Percentage of Improvement in SOC Behavior

35,811patients reported measured injuries. There was a 65% measured improvement over a one month period.



injured

Double Blind Study of Sport Performance with the SCIO device versus Placebo control

STUDY INFORMATION

SUPERVISING RESEARCHER: Dr. Danis György, MD, Licensed Hungarian Medical Doctor

DATES: March 2011

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MONITOR

IMUNE (International Medical University of Natural Education)

Abstract

This study took 10 healthy athletic subjects and measured their performance before and after a SCIO therapy and compared to Placebo control group. This study showed an increase in performance in the treatment SCIO group versus the control group in most patients.

Introduction

There is much double blind evidence at the SCIO device can increase the VARHOPE electrical parameters of the body over a short 45 min session. (VARHOPE is an acronym for Voltage-Amperage-Resistance-Hydration-Oxidation- Ph- Eh). For more complete description of the studies and science see the VARHOPE medical textbook.

Stimulation of Sports Performance and relief of Sports Pains with a Natural Herbal Yeast Formula with Special consideration of the SCIO

Towards a Natural Oxygenation and Sports Stimulation Formula

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INSOMNIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,200 patients had medical diagnosis of insomnia. 35% in the subspace group got improvements versus 61% in the SCIO harness group whose insomnia symptoms improved.

Subspace Treatment 392 patients, **1,806 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 433 patient visits

There was 1 case of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 case reporting no improvement of Symptoms, .002% of Subgroup
1 case reporting no improvement in feeling better, .002% of Subgroup
1 case reporting no improvement in stress reduction .002% of Subgroup
22%--- Percentage of Improvement in Symptoms
20%--- Percentage of Improvement in Feeling Better
35%---.Percentage of Improvement Measured
44%-- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 2,145 patient visits

There were 3 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
3 cases reporting no improvement of Symptoms, .001 % of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001 % of Subgroup
43%--- Percentage of Improvement in Symptoms
44%--- Percentage of Improvement in Feeling Better
61%---.Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
5 %----Percentage of Improvement in SOC Behavior
-

IRRITABLE BOWEL SYNDROME (IBS) Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1,100 patients had medical diagnosis of IBS. 7% in the subspace group got improvements versus 57% in the SCIO harness group whose IBS symptoms improved.

Subspace Treatment 322 patients, **878 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 499 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	.0 % of Subgroup
0 cases reporting no improvement in feeling better,	.0% of Subgroup
0 cases reporting no improvement in stress reduction	.0% of Subgroup

30%--- Percentage of Improvement in Symptoms
19%--- Percentage of Improvement in Feeling Better
7 %---.Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1003 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0 % of Subgroup
0 cases reporting no improvement in feeling better,	0 % of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

43%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
50%---.Percentage of Improvement Measured
57%-- Percentage of Improvement in Stress Reduction
4 %----Percentage of Improvement in SOC Behavior
-

ITCHING UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 600 patients had medical diagnosis of allergy. 21% in the subspace group got improvements versus 54% in the SCIO harness group whose itching symptoms improved.

Subspace Treatment 123 patients, **511 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 327 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, % of Subgroup
0 cases reporting no improvement in feeling better, .% of Subgroup
0 cases reporting no improvement in stress reduction .% of Subgroup
33%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 1,321 patient visits

There were 1 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
43%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
54%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

KIDNEY DISORDERS Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,600 patients had medical diagnosis of kidney dysfunction. 22% in the subspace group got improvements versus 66% in the SCIO harness group whose kidney dysfunction improved.

Subspace Treatment 720 patients, **1,878 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 1,290 patient visits

There were 7 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
9 cases reporting no improvement of Symptoms, .001% of Subgroup
7 cases reporting no improvement in feeling better, .001% of Subgroup
1 cases reporting no improvement in stress reduction .001% of Subgroup
23%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
22%---.Percentage of Improvement Measured
40%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,820 patient visits

There were 11 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .001 % of Subgroup
1 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup
44%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
66%---.Percentage of Improvement Measured
68%-- Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior

LEUKEMIA Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 200 patients had medical diagnosis of leukemia. 23% in the subspace group got improvements versus 67% in the SCIO harness group whose leukemia improved.

Subspace Treatment 121 patients, **166 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 211 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0% of Subgroup
0 cases reporting no improvement in feeling better,	.0% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

32%--- Percentage of Improvement in Symptoms
12%--- Percentage of Improvement in Feeling Better
23%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction
1 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 299 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0% of Subgroup
0 cases reporting no improvement in feeling better,	0% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

45%--- Percentage of Improvement in Symptoms
54%--- Percentage of Improvement in Feeling Better
67%---.Percentage of Improvement Measured
67%-- Percentage of Improvement in Stress Reduction
2 %----Percentage of Improvement in SOC Behavior

LIVER PROBLEMS UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 2,600 patients had medical diagnosis of liver dysfunction. 21% in the subspace group got improvements versus 54% in the SCIO harness group whose liver function improved.

Subspace Treatment 1,122 patients, **1,509 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 3,323 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, % of Subgroup
0 cases reporting no improvement in feeling better, % of Subgroup
0 cases reporting no improvement in stress reduction % of Subgroup
33%--- Percentage of Improvement in Symptoms
32%--- Percentage of Improvement in Feeling Better
21%---.Percentage of Improvement Measured
45%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,308 patient visits

There was 1 case of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, % of Subgroup
5 cases reporting no improvement in feeling better, % of Subgroup
1 case reporting no improvement in stress reduction % of Subgroup
43%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
54%---.Percentage of Improvement Measured
32%-- Percentage of Improvement in Stress Reduction

11%----Percentage of Improvement in SOC Behavior

LOW BACK PAIN Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 3000 patients had medical diagnosis of low back pain. 25% in the subspace group got improvements versus 65% in the SCIO harness group whose low back symptoms improved.

Subspace Treatment 1687 patients, **1,344 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 4,878 patient visits

There was 1 case of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 case reporting no improvement of Symptoms, .001% of Subgroup
1 case reporting no improvement in feeling better, .001% of Subgroup
1 case reporting no improvement in stress reduction .001% of Subgroup
21%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
25%---.Percentage of Improvement Measured
44%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 3,912 patient visits

There were 2 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .001 % of Subgroup
2 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001 % of Subgroup
45%--- Percentage of Improvement in Symptoms
55%--- Percentage of Improvement in Feeling Better
65%---.Percentage of Improvement Measured

66%-- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

LYMPH DISORDERS Treated by SCIO Practitioners

Lymphatic Congestion

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients had medical diagnosis of lymphatic congestion. 31% in the subspace group got improvements versus 62% in the SCIO harness group whose lymphatic congestion improved.

Subspace Treatment 5,941 patients, **4,697 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 22,204 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
29 cases reporting no improvement of Symptoms, .001 % of Subgroup
23 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
25%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
31%---.Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 7,790 patient visits

There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
7 cases reporting no improvement of Symptoms, .001 % of Subgroup
10 cases reporting no improvement in feeling better, .001 % of Subgroup
11 cases reporting no improvement in stress reduction .001% of Subgroup
47%--- Percentage of Improvement in Symptoms

51%--- Percentage of Improvement in Feeling Better
62%---.Percentage of Improvement Measured
64%-- Percentage of Improvement in Stress Reduction
45%----Percentage of Improvement in SOC Behavior

MALABSORPTION SYNDROME Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1300 patients had medical diagnosis of allergy. 33% in the subspace group got improvements versus 44% in the SCIO harness group whose malabsorption improved.

Subspace Treatment 455 patients, 889 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 744 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0% of Subgroup
0 cases reporting no improvement in feeling better,	0% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

43%--- Percentage of Improvement in Symptoms
45%--- Percentage of Improvement in Feeling Better
33%---.Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 881 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0 % of Subgroup
0 cases reporting no improvement in feeling better,	0% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

56%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better

44%---.Percentage of Improvement Measured
55%-- Percentage of Improvement in Stress Reduction
13%----Percentage of Improvement in SOC Behavior

METACARPAL TUNNEL Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 400 patients had medical diagnosis of meta-carpal tunnel. 20% in the subspace group got improvements versus 75% in the SCIO harness group whose meta-carpal symptoms improved.

Subspace Treatment 132 patients, **245 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 437 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0 % of Subgroup
0 cases reporting no improvement in feeling better, 0.% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
21%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
20%---Percentage of Improvement Measured
34%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 768 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup

45%--- Percentage of Improvement in Symptoms
59%--- Percentage of Improvement in Feeling Better
75%---Percentage of Improvement Measured
56%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

OSTEOPOREOSIS Treated by SCIO Practitioners

Weak Bones

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 500 patients had medical diagnosis of osteoporosis. 10% in the subspace group got improvements versus 45 % in the SCIO harness group whose osteoporosis symptoms improved.

Subspace Treatment 210 patients, **389 SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 334 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00% of Subgroup
0 cases reporting no improvement in stress reduction .00% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
10%---.Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 598 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .00% of Subgroup
0 cases reporting no improvement in feeling better, .00 % of Subgroup

0 cases reporting no improvement in stress reduction .00% of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
45%---.Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
43%----Percentage of Improvement in SOC Behavior

OTITIS MEDIA Treated by SCIO Practitioners

Glue Ear

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 15,000 patients had medical diagnosis of otitis media. 29% in the subspace group got improvements versus 68% in the SCIO harness group whose otitis media symptoms improved.

Subspace Treatment 12,700 patients, **4,801 SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 17,453 patient visits
There were 7 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
9 cases reporting no improvement of Symptoms, .001% of Subgroup
11 cases reporting no improvement in feeling better, .001% of Subgroup
8 cases reporting no improvement in stress reduction .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
25%--- Percentage of Improvement in Feeling Better
29%---Percentage of Improvement Measured
40%--- Percentage of Improvement in Stress Reduction
14%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 7,860 patient visits
There were 11 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
8 cases reporting no improvement of Symptoms, .001 % of Subgroup

9 cases reporting no improvement in feeling better, .001 % of Subgroup
5 cases reporting no improvement in stress reduction .001 % of Subgroup
44%--- Percentage of Improvement in Symptoms
43%--- Percentage of Improvement in Feeling Better
68%---Percentage of Improvement Measured
68%--- Percentage of Improvement in Stress Reduction
15%----Percentage of Improvement in SOC Behavior

PAIN UNSPECIFIED Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 10,000 patients reported pain. 33% in the subspace group got improvements versus 66% in the SCIO harness group whose pain symptoms improved.

Subspace Treatment 4,022 patients, **6,481 SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 4,788 patient visits
There were 9 cases of patients who reported a negative Improvement.
None of these cases reported any major difficultly.
There were
34 cases reporting no improvement of Symptoms, .007% of Subgroup
53 cases reporting no improvement in feeling better, .012% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
24%--- Percentage of Improvement in Symptoms
27%--- Percentage of Improvement in Feeling Better
33%---Percentage of Improvement Measured
53%--- Percentage of Improvement in Stress Reduction
3 %----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 14,555 patient visits
There were 5 cases of patients who reported a negative Improvement.
None of these cases reported any major difficultly.
There were
21 cases reporting no improvement of Symptoms, .001% of Subgroup

15 cases reporting no improvement in feeling better, .001% of Subgroup
21 cases reporting no improvement in stress reduction .001% of Subgroup
65%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
66%---Percentage of Improvement Measured
78%--- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior
-

POLYCYSTIC OVARIES Treated by SCIO Practitioners

Multiple ovarian cysts.

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 1000 patients had medical diagnosis of ovarian cysts. 21% in the subspace group got improvements versus 59% in the SCIO harness group whose ovarian cysts reduced.

Subspace Treatment 430 patients, **609 SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 901 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
21%---Percentage of Improvement Measured
55%--- Percentage of Improvement in Stress Reduction
0 %----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 876 patient visits

There was 1 case of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .001% of Subgroup
2 cases reporting no improvement in feeling better, .001 % of Subgroup
2 cases reporting no improvement in stress reduction .001% of Subgroup
75%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
59%---Percentage of Improvement Measured
65%--- Percentage of Improvement in Stress Reduction
21%----Percentage of Improvement in SOC Behavior

PROSTATITIS Treated by SCIO Practitioners

Benign PROSTATIC HYPERTROPHY (BPH)

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 300 patients had medical diagnosis of Benign Prostatic Hypertrophy. 13% in the subspace group got improvements versus 69% in the SCIO harness group whose BPH symptoms improved.

Subspace Treatment 143 patients, **201 SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 266 patient visits
There were ---- cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, 0% of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
21%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
13%---.Percentage of Improvement Measured
66%-- Percentage of Improvement in Stress Reduction
19%----Percentage of Improvement in SOC Behavior
B. SCIO Harness Treatment 455 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
2 cases reporting no improvement of Symptoms, .004 % of Subgroup
0 cases reporting no improvement in feeling better, 0% of Subgroup
0 cases reporting no improvement in stress reduction 0% of Subgroup
77%--- Percentage of Improvement in Symptoms
67%--- Percentage of Improvement in Feeling Better
69%---.Percentage of Improvement Measured
77%-- Percentage of Improvement in Stress Reduction
10%----Percentage of Improvement in SOC Behavior

TENDON CALCIFICATION, Bone Spurs, Calcaneus Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of bone spurs. 40% in the subspace group got improvements versus 40% in the SCIO harness group whose bone spur symptoms improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 21 patients, **38 SCIO Harness Patients**

OVERALL ASSESSMENT
A. Subspace Treatment 33 patient visits
There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
23%--- Percentage of Improvement in Feeling Better
40%---.Percentage of Improvement Measured
30%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 98 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
1 cases reporting no improvement of Symptoms, % of Subgroup
4 cases reporting no improvement in feeling better, % of Subgroup
1 cases reporting no improvement in stress reduction % of Subgroup
45%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
40%---.Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
29%----Percentage of Improvement in SOC Behavior

THYMUS DISORDERS and Myasthenia Gravis Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 50 patients had medical diagnosis of thymus disorders. 40% in the subspace group got improvements versus 41% in the SCIO harness group whose thymus disorder improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 21 patients, **31 SCIO Harness Patients**

OVERALL ASSESSMENT

A. Subspace Treatment 34 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
0 cases reporting no improvement of Symptoms, .001% of Subgroup
3 cases reporting no improvement in feeling better, .001% of Subgroup
3 cases reporting no improvement in stress reduction .001% of Subgroup
12%--- Percentage of Improvement in Symptoms
21%--- Percentage of Improvement in Feeling Better
40%---.Percentage of Improvement Measured
37%-- Percentage of Improvement in Stress Reduction

13%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 100 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	.001 % of Subgroup
4 cases reporting no improvement in feeling better,	.001 % of Subgroup
1 cases reporting no improvement in stress reduction	.001% of Subgroup

49%--- Percentage of Improvement in Symptoms
69%--- Percentage of Improvement in Feeling Better
41%---.Percentage of Improvement Measured
62%-- Percentage of Improvement in Stress Reduction
39%----Percentage of Improvement in SOC Behavior

TRANSIENT ISCHEMIC ATTACK (TIA) Stroke Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 150 patients had medical diagnosis of allergy. 43% in the subspace group got improvements versus 42% in the SCIO harness group whose ischemia symptoms improved. This attests to the naturopathic formulas used and not the SCIO intervention.

Subspace Treatment 43 patients, 114 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 101 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0% of Subgroup
0 cases reporting no improvement in feeling better,	0% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

32%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
43%---.Percentage of Improvement Measured

56%-- Percentage of Improvement in Stress Reduction
11%----Percentage of Improvement in SOC Behavior

B. SCIO Harness Treatment 234 patient visits

There were 0 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were

0 cases reporting no improvement of Symptoms,	0 % of Subgroup
0 cases reporting no improvement in feeling better,	0% of Subgroup
0 cases reporting no improvement in stress reduction	0% of Subgroup

44%--- Percentage of Improvement in Symptoms
34%--- Percentage of Improvement in Feeling Better
42%---.Percentage of Improvement Measured
50%-- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior

Weight Loss Treated by SCIO Practitioners

Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 97,000 patients with over 275,000 patient visits reported their diseases. Over 39,000 patients had medical diagnosis of being overweight. 16% in the subspace group got improvements versus 50% in the SCIO harness group whose healthy weight improved.

The SCIO device uses the principles of Quantum Electro Dynamics (QED) as the base of an energetic medicine technique for healing. Bioresonance, Volt-Ammetry, Trivector, Provocative Allergy Tests, Infection Reaction Testing and Immune Stimulation, Electro-Acupuncture, Neurological-Stimulation, Biofeedback-Psychological Interaction, Muscle-Neurological Re-education, Homotoxicity and Homeopathy, Electrophysiological Diagnosis, Behavioral Management Therapy and more are advant garde therapies registered for the SCIO device to perform on patients.

More than fifty percent of the patients reported positive results. There was insignificant negative effects reported.

This disease group total number of patients was **39,300.** There were Subspace Treatment **22,475** patients, **16,825** SCIO Harness Patients. There was overall more than 40% results.

Subspace Treatment 22,475 patients, 16,825 SCIO Harness Patients

OVERALL ASSESSMENT

A. Subspace Treatment 73,324 patient visits

There were 538 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
657 cases reporting no improvement of Symptoms, .009% of Subgroup
580 cases reporting no improvement in feeling better, .007% of Subgroup
753 cases reporting no improvement in stress reduction .008% of Subgroup
34%--- Percentage of Improvement in Symptoms
33%--- Percentage of Improvement in Feeling Better
16%---.Percentage of Improvement Measured
13%-- Percentage of Improvement in Stress Reduction
12%----Percentage of Improvement in SOC Behavior
37,203 patients reported their weight loss, their average weight loss was .8 kilos per month

B. SCIO Harness Treatment 45,980 patient visits

There were 371 cases of patients who reported a negative Improvement.
None of these cases reported any major difficulty.
There were
386 cases reporting no improvement of Symptoms, .008% of Subgroup
411 cases reporting no improvement in feeling better, .009% of Subgroup
151 cases reporting no improvement in stress reduction .002% of Subgroup
76%--- Percentage of Improvement in Symptoms
65%--- Percentage of Improvement in Feeling Better
53%---Percentage of Improvement Measured
68%--- Percentage of Improvement in Stress Reduction
23%----Percentage of Improvement in SOC Behavior
23,143 patients reported their weight loss; their average weight loss was 1.9 kilos per month

Interview with Larry Dossey, M.D.

On the role of prayer and meditation in medicine

By Dennis Hughes, Share Guide Publisher

Dr. Larry Dossey is a well known authority on spiritual healing. He is a Health Educator and bestselling author of Reinventing Medicine, Healing Words and Prayer is Good Medicine. He lectures throughout the country and has been a frequent guest on Oprah, Good Morning

America, CNN and The Learning Channel. Dr. Dossey is responsible for introducing innovations in spiritual care to acclaimed institutions across the United States.

The Share Guide: You describe three eras of healing in your book, Reinventing Medicine. Can you elaborate on this?

Dr. Larry Dossey: They basically are a way of making sense of all the confusion and chaos going on in medicine today. Era One began in the 1850s, 1860s. Today we call this mechanical medicine. It's the use of drugs, surgical procedures, radiation and so forth. And it's obviously still with us; it dominates medicine. But beginning in 1950, or there abouts, a new era began which I call Era Two. Today this is known as mind and body medicine. It used to be called psychosomatic disease. Basically, it's the idea that our emotions and thoughts, and feelings can affect health. Era Three includes the ability of consciousness to reach out beyond ourselves to make a difference in other people. Intercessory prayer is an example of an era three therapy--healing intention. Gaining information from the world, such as through premonitions and dreams, that are relevant to health, is also an example of Era Three. So we have these three categories, which differ radically in how they view consciousness, and how they acknowledge, or fail to acknowledge, the cosmic consciousness. Cosmic consciousness is virtually absent from Era One. It makes an appearance in Era Two, but is limited to your own body. In Era Three, consciousness is freed from the body, and is freed from its limitations in space and time.

The Share Guide: Do you use the word spirit at all in this? Do you use that phrase in connection with the non-local phrase?

Dr. Larry Dossey: Sure. For me, consciousness is a huge umbrella under which many things gather. I think consciousness is infinite; I think it's immortal, an eternal. I think it's equivalent to what many people call spirit. I use "consciousness" in such a broad way that it includes the concept of spirit.

The Share Guide: In your experience, does meditation affect healing?

Dr. Larry Dossey: Meditation is a powerful way of entering into healing states. Herbert Vincent, for 20 years at Harvard, has shown that meditative states, and almost any kind of contemplative state, can be good for the body. When people meditate, the blood pressure comes down, the heart rate falls, immune changes take place in the body, and so on. So meditation is certainly a way of bringing about healing influences in our own body. But this

certainly doesn't approach non-local, or Era Three type influences--where the influence escapes our own body, and reaches out into the world.

The Share Guide: I asked that because I'm involved in a meditation group myself, locally. Yogananda's form of Kriya yoga. And, one of the things that happen at the end of our group meditations is healing for other people. We chant Om three times, and then hold our hands up, and radiate energy out of our hands and hearts in the direction of the individuals named. We don't say what town they're in, but we say who they are, and what's wrong with them. Have you experience with this type of thing? A group focusing on one person?

Dr. Larry Dossey: This is actually been tested in certain studies, and has achieved positive results. For example, at the University of California San Francisco Medical School, they actually tested healing intentions, which were initiated at a great distance by several individuals, for people with advanced AIDS. This was a double blind study. The people who received the healing intentions statistically did much better than people who did not. So this is not just fantasy. This is a valid phenomenon, which has been tested.

The Share Guide: One healing system that I've been studying lately is shamanic healing--the indigenous shamans of South and Central America. It seems like, with or without drugs, they're doing non-local healing, going out of the body, and also diagnosing intuitively.

Dr. Larry Dossey: Sure. Shamanism is non-local to the core. Shamans are good with local therapies too. For example, shamanism is wound up with the use of native methods, including herbs, and so on. Plus, shamans are just darn good psychologists. They're some of the world's best. So shamanism is a beautiful mix of local and non-local therapies. But it certainly does include non-local mind.

The Share Guide: Larry, aside from healing, I've also heard that group meditation can actually lower the crime rate in cities. That there have been tests about this.

Dr. Larry Dossey: The Transcendental Meditation movement, popularized by Maharishi Mahesh Yogi, has done many tests on the ability of people to lower crime rates, and improve the quality of life in geographic areas. And with positive results, they claim that if the square root of one percent of the population enters into a particular framework of consciousness, then these changes happen. Actually, these studies are very intriguing. They have been published in first

rate journals, scientific journals from time to time. They support the idea that group consciousness can make a change in the world for the better.

The Share Guide: It does seem like, whether we're talking about healing individuals or groups, or lowering the crime rate, it's all part of the larger thing, which is expressing our unity.

Dr. Larry Dossey: I think we shouldn't put these techniques in a box, and look at them as an individual therapy, or a group-related therapy. The studies show clearly, in my judgment, that the intentions of single individuals can make a difference. And also that the intentions of groups can make a difference. So it's both the individual and the group.

The Share Guide: We often hear about the different parts of a human being broken into the spirit and the mind, and the body, and the emotions. I know in the West they're treated separately. How do you view these, yourself?

Dr. Larry Dossey: Well, for me there's such a fluid interaction between them that it's difficult to put them in a box and separate them one from another. I think we get into real trouble when we try to do that. There is a kind of a structural relationship between them, in my judgment. In my view, consciousness is over everything. It informs the body. The ancient idea that the physical derives from the non-physical is a valid way to approach this. In other words, the body is contained in consciousness. Not the other way around, which is what's said in Western science. So, I see the Absolute, my term for the Divine by the way, over everything. Consciousness is under that, and then the physical derives from that. So there's a kind of hierarchy involved. This is the approach that's taken by virtually all great wisdom traditions.

The Share Guide: So if there is a hierarchy or structure, we can't necessarily enter in on a certain level, and preclude things from down below there from happening?

Dr. Larry Dossey: That's exactly right. The very idea that you can use any therapy--whether it's Bach flower remedies, or penicillin--apart from, and separate from, the actions of consciousness that go on at the same time, is an idea that's really in trouble. To try to assign some fundamental influence to a certain remedy, or even listening to Mozart, and separate that from what consciousness may be doing at the same time, I think is virtually impossible. As if these things don't interact with each other.

The Share Guide: So better to use all the modalities together? You know, playing Mozart is good, Bach flowers may be good, but you don't want to forget the penicillin either.

Dr. Larry Dossey: Right. And the very idea that we could use something, such as inoculation, is in trouble. If you go to your doctor, and he writes you a prescription for penicillin, you may regard that as a physical therapy. I mean, that's a chemical. But the moment you take the prescription in your hand, you begin to use your own powers of consciousness, in terms of your expectations of what's gonna' happen. Suggestion, or positive thinking may enter. And, who knows, your doctor may pray for you, or send you healing intentions. "I want my patient to get over this." He or she may do that when you leave the office. All of those enter into your clinical response, when you take that pill. I don't think that therapy is as simple as we often make it out to be. Whether we're trying to assess penicillin, or herbal remedies, or anything else.

The Share Guide: Do the different forms of energy medicine, such as acupresure, Jin Shin Jyutsu, Reiki; do these balance energy in the subtle bodies before the balances manifest in the physical?

Dr. Larry Dossey: I'm not a fan of the term "energy medicine." I've written widely that I think that term is mis-construed, particularly when it comes to the non-local forms of healing. For example, a Qi Gong Master tries to interact with someone at a distance, and people call that today a form of energy medicine. No one inside of science, or outside of science, has been able to demonstrate any exchange of energy in that situation. Zero. This is a metaphor, which people talk about as if it's real. We talk about sending energy, and talk about subtle energy. There isn't any evidence that energy is subtle or otherwise is exchanged. I think it's misleading to call this energy medicine, because that suggests that something measurable and tangible is being exchanged, when the evidence suggests otherwise. I think that our vocabulary has gotten us into deep trouble regarding how we think about these kinds of therapies.

The Share Guide: They're expressions of non-local mind?

Dr. Larry Dossey: Yes, they're expressions of non-local mind--because all of them involve intention, and willing, and the images and visualizations of healing, and so on. Here's the key point: non-local mind, non-local phenomena, are widely known in physics now. But they do not involve the exchange of energy. Nothing is sent in non-locally correlated events.

The Share Guide: Nothing is sent. So, what's happening?

Dr. Larry Dossey: Consciousness is everywhere; it's omnipresent. There's no necessity for anything to go anywhere, because consciousness is already everywhere. We don't need to lapse back into these old classical images and metaphors drawn from mechanical physics, which is what this whole movement of energy medicine is wallowing in. I've challenged people to go beyond this kind of thinking--to get out of the energy straight jacket. It really does distort how we think these things happen. And coaching things in terms of these energy concepts short changes us spiritually. It separates us. It says for example, "You're there in Sebastopol, and I'm here in Santa Fe. And if you want to do energy healing on me, you're gonna have to send something to me, because you and I are separate. We have to bridge the gap." And that's where we insert subtle energy, or some form of energy. This is a devastating image, because it separates us. Non-locality brings us together. It says that these things can happen in principle, because you and I are not separate--our consciousness is already one. So there's no necessity for you to send any sort of subtle energy to me. As long as we call this stuff energy medicine, we're engaging in the images and ideas of separation. This is terrible in my judgment--terrible because it doesn't fit with ancient wisdom, which recognizes the great unity between individuals at the level of consciousness. It short changes us because it denies the interdependencies in each of us, which is unitary to the core. It consigns us to a world of separation and distance, instead of one that's in unity. For all these reasons, I must say, I wish we could go beyond these images of energy healing and energy medicine, which I think need to be abandoned. That's a general comment. I just disagree with folks about that.

The Share Guide: So when the group's chanting "Om", they're not sending energy to another person, but stimulating the energy that they have already, like triggering a resonance response?

Dr. Larry Dossey: That's right. Energy talk is okay to describe what's going on in your body. We all know that there are electrical and chemical energies that are operating inside human bodies. But to describe what goes on between you and me at great distances, energy talk is helpless to describe that. We've got to go beyond the energy metaphors to describe how the influence happens at a distance. How distant intentions work, how love works, how passion works, how prayer works at a distance.

The Share Guide: So, you're awakening the energy that's in the distant person?

Dr. Larry Dossey: Yes, but you don't do that by tweaking the distant person by sending any sort of energetic signal, subtle or otherwise.

The Share Guide: How would you say it instead?

Dr. Larry Dossey: It's an action of consciousness. It's a non-local, distant action of consciousness, which doesn't require energy for its activity. Nothing is sent, nothing goes anywhere.

The Share Guide: All right, nothing is sent. What is happening to the recipient?

Dr. Larry Dossey: Oh, all sorts of things. Things are being played out in their body as a result of your healing intention, and your prayer, and your loving thoughts, your empathy, etc. In these studies in distant healing, in intercessory prayer, for example, all sorts of things happen, things that can be measured. Disease often goes away. Heart attacks heal up, many things have been demonstrated as a result of the healing intention. You know, Qi Gong Masters are people who are praying, trying to heal at a distance. They often describe energy-type changes in their own bodies. For example, healers often describe their hands being warm. They experience tingles through the body. These things are energetic phenomena happening in the body. The distinction I'm trying to draw for you here is that there are these local changes in the body of the initiator and the recipient. But there are non-local phenomena that bridge the gap, which cannot be described by any sort of energetic electromagnetic signal. Actually, its not easily articulated in common language.

The Share Guide: I don't want to get hung up on this, but because I am a meditator, and I'm interested in spiritual matters, it's of interest to me.

Dr. Larry Dossey: Oh, well it's of fascination to me too. I think this is a crucial issue. You could devote an entire issue of your journal to try to sort out this flap over energy medicine. People are completely unclear about this. And they don't distinguish between what's happening in the body of the sender and the receiver--and what happens in between. They lump it all together. And it comes out as some super unintelligible mish mash. And it's killing us, as far as how to carry these things into modern hospitals and medical institutions, which is what I want to do. First of all, there isn't any measurable evidence for any kind of energy that bridges the gap. So this gives the skeptics and the cynics open season. And they'll say, "Here are these people talking nonsense about subtle energies being sent between people…this field is just as crazy as I thought it was. It really hurts those of us who are trying to legitimize this field, and bring it into eventual mainstream medicine, which is crucial. This may just seem like symantics to somebody who doesn't care what you call it. But if you go out into the real world, and you try to make a difference in the highest levels of medicine, you'd better care what you call it. Because the

vocabulary and the concepts you use will either make or break it. This is why this subject has been very important to me, and why I get rather irritated at the loose language that people in this movement use who do know about science. I want to say, "Come on guys, sharpen this thing up here. I mean, this is really getting pretty loose here." And unfortunately the response of some of the folks to what I've had to say is, "Well, you're denying distant healing." Or, "You're denying that this stuff is real." Which is utterly not true.

The Share Guide: You're just giving it a different emphasis?

Dr. Larry Dossey: Yes! For God's sake, I've spent the best part of my adult life standing up for these phenomena. I just think we have to be careful about how we language it.

The Share Guide: What about people who don't have a positive mental attitude, or, are less spiritual. Do you see those kind of people having a harder time physically healing?

Dr. Larry Dossey: Yes, I think it's harder for them to heal. But it's certainly not hopeless. For example, your group meditation session …you can have a healing influence on those people regardless of what they think. Whether they have a negative attitude, a positive attitude, or something in between. How do we know this? You can test it. By now, there have been enough experiments with enough people to show that healing intentions operate regardless of what the individual thinks. I think that positive attitude--what we used to call faith, and what doctors now call the "placebo response"--I think that empowers any sort of healing, whether it's penicillin or prayer. But it's certainly not essential. Most of these studies that I'm referring to have been double-blind, which means that the recipient is not even aware that he or she is being prayed for, or being sent healing intention. The healing intentions work any way. So there you go. Plus, you can do these things on animals. You can even pray for a bacteria to multiply faster in these 100 test tubes, versus those 100 test tubes that are controlled, that don't receive healing intention. And those that are offered the prayer or healing intention grow faster. Presumably bacteria don't think positively or negatively. You get my drift here?

The Share Guide: Yes, I remember that covered in your book Reinventing Medicine. On another subject, since this is our Women's Health issue, are there any women's health issues that you'd like to address, or thoughts for women's healing in general?

Dr. Larry Dossey: My work has been has involved the spiritual aspects of healing. Quite frankly, gender is not an issue when it comes to healing effects from prayer intentions. I'm happy to say

that, because this is so universal, it bypasses culture, language, and gender. If there's any area where gender is just rendered almost irrelevant, it's in the area of distant healing, or spiritual healing. But having said that, let me also add that if you look at the scientific literature, and the studies in this area, most of the healers in the experiments are women. There's an openness on the part of women in our culture for spiritual healing, that seems to exceed that of men. So I'm personally indebted to the contribution that women have made to the study of spiritual healing in medicine currently. I'm also fascinated by the fact that 50% or more of many of the medical school classes these days are made up of women. Women are bringing a greater openness, and a willingness, to go in the direction of spirituality in medicine. This augurs very well for the future. My wife and I purposely selected a woman for our private physician. I just think that women by and large have an intuitive, nurturing instinct that feels quite wonderful, if you're a patient. I respond to that. And that's why we have a woman doctor.

The Share Guide: Let's go on to some specific health questions for the women. What are the most common areas of imbalance that you see in women? The most common ailments that you think we have to watch out for in our society? For instance, I know breast and ovarian cancer are on the increase.

Dr. Larry Dossey: Actually, the major threat to women statistically is heart disease. This gets forgotten. You know, the risks of a woman dying of heart disease are far greater than dying of breast cancer in this country.

The Share Guide: I wasn't aware of that.

Dr. Larry Dossey: Many women aren't either. The concern over breast cancer and female cancers of various sorts is so great, that the attentions of women have been virtually distracted from the greatest threat to their health. Which remains as heart disease. Heart disease is the biggest killer in our culture, in both men and women. Women get distracted, I think, because there really is a national phobia against cancer. However, the statistics for survival after diagnosis of heart disease are worse than following diagnosis of cancer. In other words, following their diagnosis, people with cancer on average live longer than people who are diagnosed with heart disease. This is a misconception that we need to address.

The Share Guide: So there's less fear, and consequently, less awareness of the heart disease problem?

Dr. Larry Dossey: Yes, and it's absolutely ironic, because many women will be very diligent with things like mammograms, and diets designed to prevent cancer, but they may not be attuned to preventive measures and behavioral measures to thwart heart disease As an internist, this is a real issue for me, because I hate to see heart disease neglected as a result of the serious attention devoted to cancer. They're both important. Women need to cover all their bases, not just one. I presented the statistics on this at a meeting comprised mostly of women--people involved in healing, but not physicians. This was a lay person's group. And I was attacked afterwards by a woman whose life was devoted to teaching women to avoid breast cancer. She roundly denied that more women denied of heart disease than cancer. In her mind, breast cancer is the number one, hands-down killer of American women.

The Share Guide: But, not statistically?

Dr. Larry Dossey: I told her the statistics. She said, "That's not true."

The Share Guide: She wasn't ready to hear it.

Dr. Larry Dossey: She wasn't ready. She was so obsessed with breast cancer, that she was blind to the larger threat to women's health, which is heart disease. So, I sent her the National Institute of Health's statistics on causes of death for American women. And even so, she had immense trouble acknowledging the facts. This was a vivid example to me of selective blindness. But I'll tell you one way to bring these two areas together. Many of the things that women do to prevent cancer, also prevent heart disease. Exercise is an example. Exercise is a potent retardant to both heart disease and cancer, of all sorts. Another example is the use of antioxidants. Many of the therapies designed for one of these problems has a beneficial effect for the other. So it kind of smoothes out the bumps here a little bit.

The Share Guide: Let's move on to another subject. Have you used medical intuitives? Got any thoughts on that?

Dr. Larry Dossey: I left my private practice in 1988, and at that time medical intuitives were not very widely known, just to put it mildly. But in my new book, Reinventing Medicine, I talk about three medical intuitives, Caroline Myss, Judith Orloff, and Mona Lisa Schultz. Medical intuitives are enjoying a comeback. But this is nothing new in medicine, by the way.

The Share Guide: But it fits into the framework of the non-local mind?

Dr. Larry Dossey: Medical intuition is what I call non-local knowingness. It's gaining information from the world out there, non-locally. Distant healing and intercessory prayer, for example, praying for somebody else, that's inserting information into the world out there to make a difference. It's like extracting information from the world out there. So they go together.

The Share Guide: I noticed that the three that you named are all ladies.

Dr. Larry Dossey: What does that tell you? It tells me that women have a greater openness, and a greater willingness to step forward on these issues. But I don't want to leave the men out of this, you know. I really do not want to make this a gender issue. Men have been great medical intuitives also. In my book, I talk about what in the early 1800's was called "snap diagnosis," which is where a doctor simply gives a diagnosis of the patient, without any information, without ever seeing the patient. This was a "guy thing." This may infuriate people, but it's an historic fact. This took place in the medical schools of Europe in the early 1800's, where you had all these male professors in the medical schools competing with each other, about who could be the best at this game of "snap diagnosis." They were incredibly talented. Some of them could tell the diagnosis by just thinking. Some could tell the diagnosis just by looking at a drawing of the patient. They could even tell you the occupation.

The Share Guide: Wouldn't it be limited to men then because they dominated the medical profession at that time?

Dr. Larry Dossey: Oh, absolutely. But the point I'm trying to make is that both sexes have the talent. It's not restricted to one or another. Medicine was totally patriarchal at that time.

The Share Guide: When did the nursing movement start? And wasn't that led by women initially?

Dr. Larry Dossey: Yes. Florence Nightingale founded modern secular nursing in the 1850's and 1860's in England. Actually, let me throw this in. My wife Barbara is a cardiovascular nurse, who has a book out that's just out, called, Florence Nightingale: Mystic, Visionary, Healer published by Springhouse. And she charts this female nursing development Let me say that, in medical school, women often try to out macho the men, in order to simply cope with the pressures of school. A lot of the feminine intuitive instincts are overwhelmed by the experience of becoming

a doctor. I look forward to the day when women cease to knuckle under to all the masculine pressures that are difficult to contend with in medical school. When that day happens, I think medicine is going to change very quickly.

The Share Guide: I see women as tending to be more caring and empathetic than men. Please comment on the integration of women into the healing arts, and the teaching of these qualities to our male healers also.

Dr. Larry Dossey: One of the key developments is the increasing number of women in medical schools. In some schools, 50% or more of the class is made up of women. What we need is for women to claim their feminine instincts, and their innate ability for nurturing, for intuition, and for empathy, and defend them, and stand up for them. And cease to allow them to be battered down by the masculine pressures of medical school. This is not easy…women pay a great price, as do men for that matter, on entering medical school. When women begin to stand up for who they are in the educational process of becoming a doctor, the face of medicine is going to change dramatically.

The Share Guide: Perhaps the face of teaching medicine also.

Dr. Larry Dossey: Teaching medicine also, it will flow downstream. There will be a trickle down movement, in which the face of medicine will become transformed. It will begin to feel better to be a patient, in a medical system that honors nurturing, intuition and empathy. Women hold the promise for greatly transforming this profession.

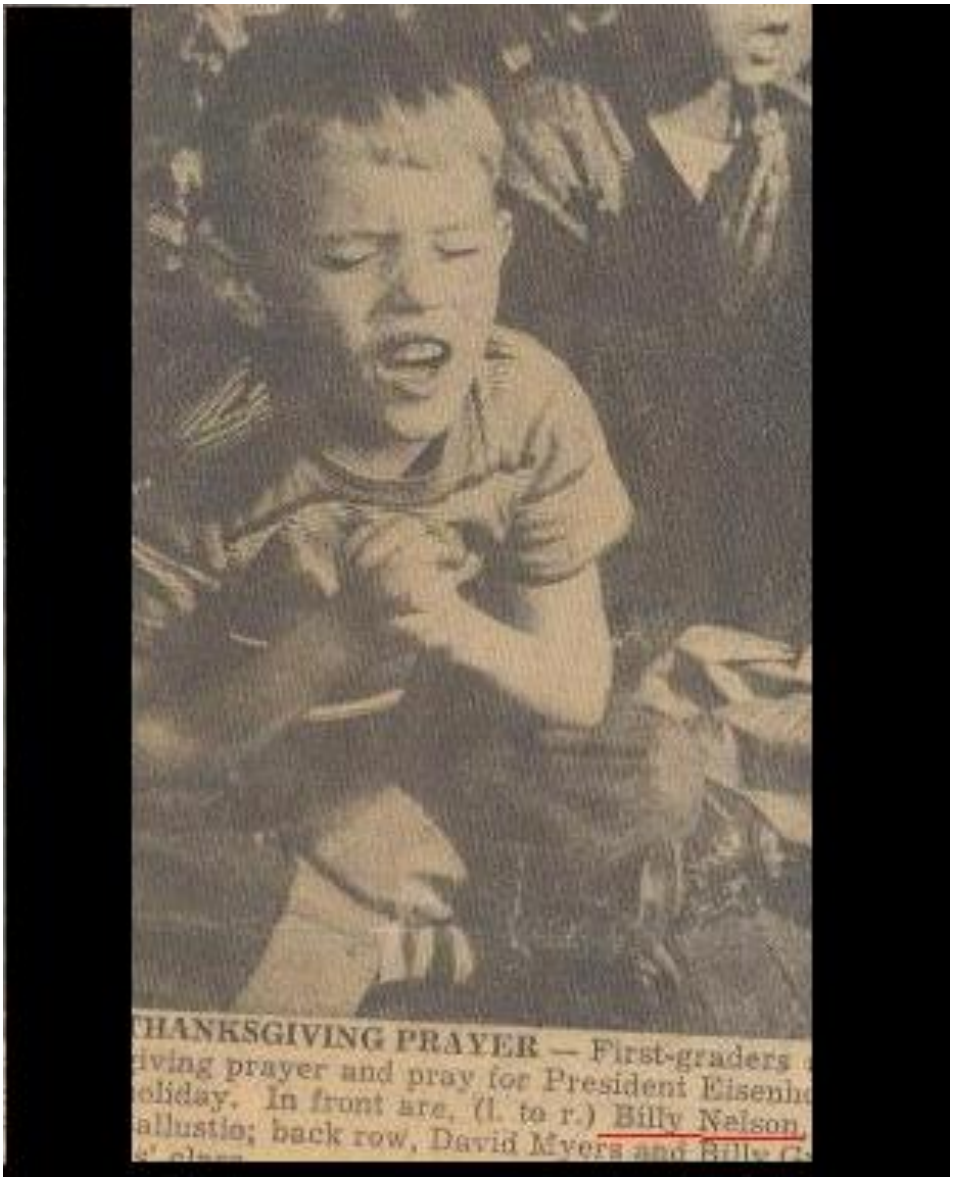
The Share Guide: It would seem to me that they would have a good running start, now that you've got prayer awareness in so many medical schools.

Dr. Larry Dossey: Yes…60 out of the 125 medical schools currently have courses devoted to the role of spirituality and prayer in healing.

The Share Guide: I noticed the very last sentence of your book was "The rebirth has begun." Can you comment on this?

Dr. Larry Dossey: I think the sense of sacredness can be reclaimed in medicine. And I think medicine can remain scientific as this process develops. If you go back in history, you see that

early scientists were deeply spiritual, and believed that science could be a spiritual pursuit. For example, the 17th century scientist, Robert Boyle, who gave us Boyle's Law--he recommended that scientists do their experiments on Sundays, as part of their Sabbath worship. You see the sense of sacredness coming out in studies in distant healing and intercessory prayer. I know one researcher--who's a woman by the way--who says that when she does these prayer experiments in her hospital and clinic, she feels as if she's walking on holy ground. This goes to the idea that when you do an experiment, you're opening the window--for the Absolute, God/Goddess, Allah, whatever you want to call it, to manifest. So I'm convinced we can recover the sense of sacredness, as we are already doing by bringing spirituality back into hospitals and medical schools.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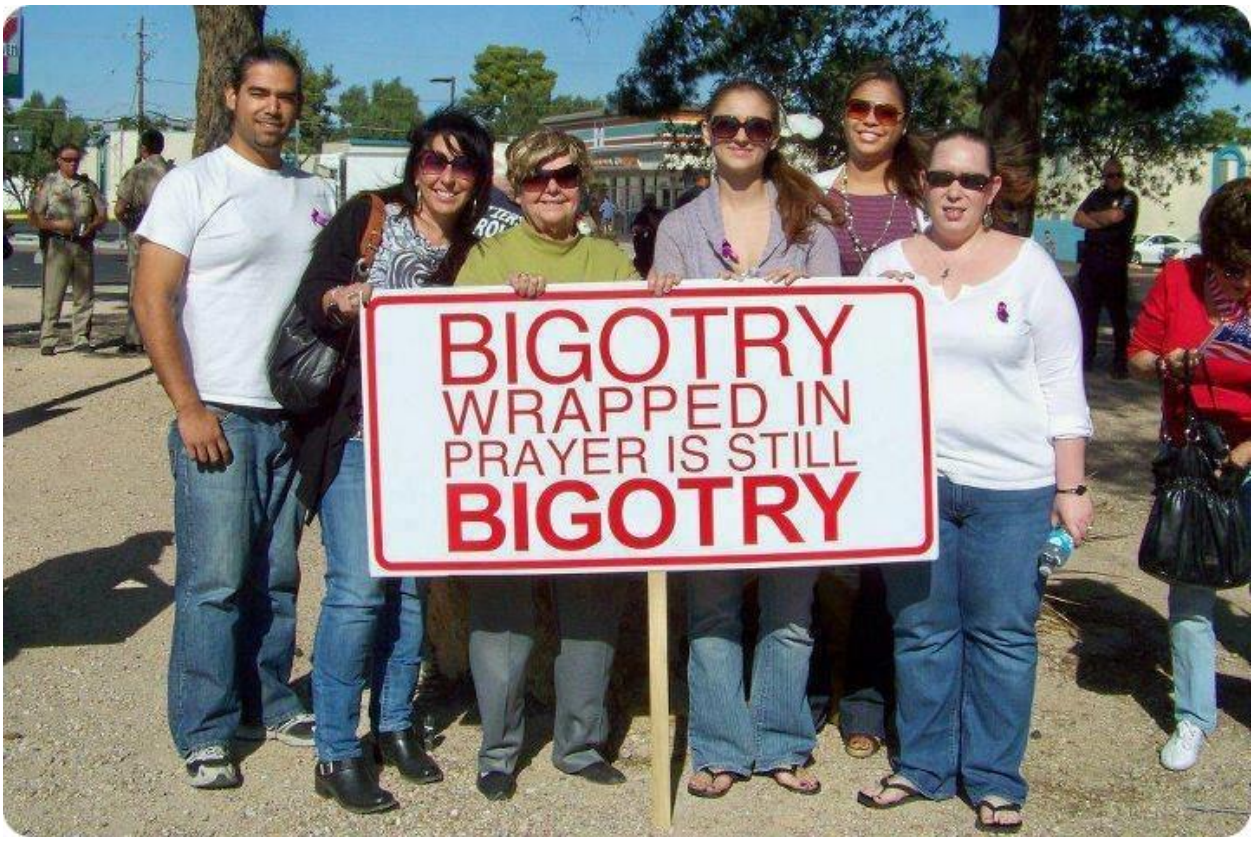

Table 1. Randomized, Placebo-Controlled Trials of Prayer

Author, Year (Reference)	Design	Sample Size	Experimental Intervention	Control Intervention*	Result	Comments	Jadad Score
Joyce and Welldon, 1965 (20)	Double-blind; 2 parallel groups	48 patients with psychological or rheumatic disease	Prayer in Christian or Quaker tradition; patients received 15 hours of daily prayer for 6 months	Usual care	No significant differences in clinical or attitude state	Inclusion and exclusion criteria not stated; heterogeneous patient groups; results of only 16 pairs available	5
Collipp, 1969 (21)	Triple-blind; 2 parallel groups	18 children with leukemia	Daily prayer for 15 months	Usual care	Higher death rate in control group, but difference was not significant ($P = 0.1$)	Heterogeneity of groups makes findings inconclusive; inclusion criteria not stated	4
Byrd, 1988 (23)	Double-blind; 2 parallel groups	393 coronary care patients	Prayer in Christian tradition; 3 to 7 intercessors per patient until patient was released from hospital	Usual care	Treatment group required less ventilatory support and treatment with antibiotics or diuretics	Outcomes combined into "severity score" to handle multiple comparisons; score was lower in treatment group	5
Walker et al., 1997 (24)	Double-blind; 2 parallel groups	40 patients receiving alcohol abuse treatment	Prayer for 6 months	Usual care	No treatment effect on alcohol consumption	Insufficiently powered	4
Harris et al., 1999 (39)	Double-blind; 2 parallel groups	990 coronary care patients	Remote intercessory prayer in Christian tradition for 28 days	Usual care	Significant treatment effects for summed and weighted coronary care unit score; no differences in length of hospital stay	No differences were observed when the summed scoring system developed in Byrd's study (23) was used; unclear whether baseline differences were adequately controlled for	5

* A placebo was unnecessary because patients were unaware of whether prayers were made on their behalf.

The healing power of prayer and its implications for nursing

Aru Narayanasamy, Mani Narayanasamy

Abstract

Prayer is widely acknowledged in both western and eastern cultures as an intervention for alleviating illnesses and promoting good health. There is increasing attention on prayer in health care, by lay people and nurses alike-some. Advocates credit the healing power of prayer in health care, while critics are sceptical about the claims and its healing potential is put down to coincidence or the placebo effect. Consequently, a variety of empirical studies have attempted to test its effects scientifically with inconclusive results. There is evidence to suggest that some patients and healthcare practitioners believe in the healing power of prayer. Nurses may be called upon to pray with or for patients as part of holistic care. This article sets out to explore the role of prayer in healing and its implications for nursing. To achieve this aim, this article provides a review of discussions and evidence on the power of prayer in healing. Its implications for nursing are highlighted with some suggestions on how to respond to patients' spiritual needs. It is concluded that although the evidence on the healing power of spirituality is inconclusive, there are indications that it has potential for the health and wellbeing of both patients and nurses.

Key words: Healing • Prayer • Religion • Spiritual care • Spirituality

Both popular media and scholarly discourse on spirituality and health reveal the healing power of prayer in health care. While anecdotal evidence provides powerful proof that prayer is widely responsible for healing, some health professionals view hospital and nursing care cannot be empowered by an ethic intended to heal. Kerridge (2006) claims that when medicine fails God takes over, when care gives in the context of the ongoing debate on the healing powers of prayer, this article explores the role of prayer in healing and its implications for nursing. To achieve this aim, this discussion and evidence on the power of prayer and healing are reviewed.

If prayer has the power of healing then it would be logical for research discussions on health professionals should pay an important role in praying with or for patients when asked. In other words, prayer should be part of holistic care that enables nurses care of the body, mind and spirit. Cardena (1998) highlights the importance of prayer in solving health problems or conditions that science has failed to explain and studies in health care research. Cambridge claims that prayer can be a powerful resource to encourage reflection on its accessibility as well as using as a medium of worship and devotion.

In contrast, others claim that prayer has no beneficial effects on patients (Benson et al, 2006). The Duke University Medical Center's inherent study into the effects of prayer on patients undergoing heart surgery found no beneficial effects (Krucoff et al, 2005). Others claim that the effects of prayer for the patients are no more than placebo effects (Leonard and the Sikorskii Efficacy, 2001). However, according to Seybold (2001), most people attribute a change or improvement in their health to prayer, many of these changes are evidenced by the medical effects of alternative medicine or medical evidence when receiving such healing. There is also substantial literature on the evidence on the healing power of prayer in clinical research evidence.

The role of prayer in health care

Prayer is widely acknowledged in both western and eastern cultures as an intervention for alleviating illness and promoting good health (Benson et al, 2006). All the major religions, such as Christianity, Judaism, Islam and Hinduism, use prayer as a means to communicate with a god or deity (Cheung, 1996). For religious believers, prayer can be healing and relieve stress as prayers relate calm to cleansing the mind.

Prayer is an act of personal relationship with God. Although all religions use it as a means of communication with a god or deity (Cheung, 1996), for religious believers, prayer can be healing and relieve stress as prayers relate calm to cleansing the mind.

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Accepted for publication: February 2011

Study of the Therapeutic Effects of Intercessory Prayer (STEP) in cardiac bypass patients: A multicenter randomized trial of uncertainty and certainty of receiving intercessory prayer

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Boston, MA; Oklahoma City, OK; Washington, DC; Memphis, TN; and Rochester, MN

Background Intercessory prayer is widely believed to influence recovery from illness, but claims of benefits are not supported by well-controlled clinical trials. Prior studies have not addressed whether prayer itself or knowledge/certainty that prayer is being provided may influence outcome. We evaluated whether (1) receiving intercessory prayer or (2) being certain of receiving intercessory prayer was associated with uncomplicated recovery after coronary artery bypass graft (CABG) surgery.

Methods Patients at 6 US hospitals were randomly assigned to 1 of 3 groups: 604 received intercessory prayer after being informed that they may or may not receive prayer; 597 did not receive intercessory prayer also after being informed that they may or may not receive prayer; and 601 received intercessory prayer after being informed they would receive prayer. Intercessory prayer was provided for 14 days, starting the night before CABG. The primary outcome was presence of any complication within 30 days of CABG. Secondary outcomes were any major event and mortality.

Results In the 2 groups uncertain about receiving intercessory prayer, complications occurred in 52% (315/604) of patients who received intercessory prayer versus 51% (304/597) of those who did not (relative risk 1.02, 95% CI 0.92-1.15). Complications occurred in 59% (352/601) of patients certain of receiving intercessory prayer compared with the 52% (315/604) of those uncertain of receiving intercessory prayer (relative risk 1.14, 95% CI 1.02-1.28). Major events and 30-day mortality were similar across the 3 groups.

Conclusions Intercessory prayer itself had no effect on complication-free recovery from CABG, but certainty of receiving intercessory prayer was associated with a higher incidence of complications. (Am Heart J 2006;151:934-42)

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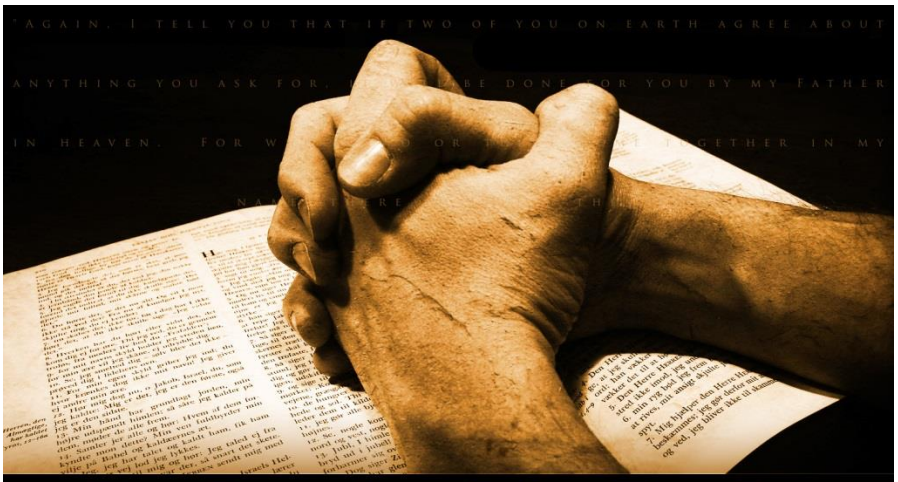
More than 350 000 Americans and 800 000 people worldwide have coronary artery bypass graft (CABG) surgery every year.[1] Despite advances in surgical techniques, anesthesia, and postoperative care in recent years, major and minor complications occur within 30 days of CABG (1997 Society of Thoracic Surgeons Adult Cardiac Surgery Database).[2] Patients undergoing CABG often report that they are depressed,[3] and depression is associated with cardiac events[4] and mortality[5] after CABG. Many patients report using private or family prayer to cope with this stressful experience.[6]

Although the effects of private prayer on outcome after CABG are unknown, 4 trials investigated the effects of intercessory prayer in heterogeneous groups of cardiac patients. Results have been mixed—intercessory prayer was beneficial in 2 studies[7,8] and had no effect in



PRAYER REQUESTS

Prayer Is Most Popular Alternative Technique

More than half of all Americans age 18 and over say they have prayed for their own or someone else's health. Prayer is by far the most popular form of complementary and alternative medicine (CAM), which is used by three-quarters of Americans.

Forms of complementary and alternative medicine (CAM) used by Americans, 2002

Any CAM Use	**74.6%**
Prayer for health reasons	**55.3**
Natural products (nonvitamin, nonmineral)	**25.0**
Chiropractic care	**19.9**
Deep-breathing exercises	**14.6**
Meditation	**10.2**
Massage	**9.3**
Yoga	**7.5**
Diet-based therapies	**6.8**
Acupuncture	**4.0**
Homeopathic treatment	**3.6**
Hypnosis	**1.8**

Source: "Complementary and Alternative Medicine Use Among Adults: United States, 2002," Vital Health Statistics, Health and Human Services Department, May 27, 2004

Research on meditation

From Wikipedia, the free encyclopedia

Research on the processes and effects of meditation is a growing subfield of neuroscience research. Modern scientific techniques and tools, such as fMRI and EEG, have been used to see what people when they meditate, and how their bodies after meditating regularly. These studies have shown substantial body changes as a consequence of regular meditative practice. For instance, one study by Richard Davidson and Jon Kabat-Zinn showed that eight weeks of mindfulness-based meditation produced significant increases in left-sided anterior brain activity, which is associated with positive emotional states. It seems that we are able to think of positive emotion as a skill which can be achieved with training similar to learning to ride a bike or play the piano.

Scenes of inner Tabo cave, temple hall, built just above the cave where Padmasambhava meditated

Since the 1950s, 3,000 studies on meditation have been conducted and yet many of the early studies had multiple flaws and thus yielded less conclusive data. More recent reviews have pointed out many of these flaws with the hope of guiding current research into a more fruitful path. One report assessed that further research needs to be directed toward the definition of meditation – a clear conceptual definition of meditation being required.

Meditation has been practiced within religious traditions since ancient times, especially within monastic centers. These days there also exist many secular programs in the west including mindfulness-based programs. Today mindfulness-based meditative practices have become popular within the Western medical and psychological community, due mainly to the observable, positive impact such processes have on patients suffering from stress-related health conditions.

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Study shows how prayer, meditation affect brain activity

Recommended by Julie Hanlon, Deseret News
Published: Tuesday, Oct. 23 2012 5:00 a.m. MDT

Print Font Leave a comment

Dr. Andrew Newberg uses brain imaging to examine how spiritual beliefs affect our health and behavior.

Matt Rourke, Associated Press

Enlarge photo

What You May Have Missed

Most Popular

In Faith

Chapter 13
The Psychology of Prayer: A Review of Empirical Research

Tania ap Siôn and Leslie J. Francis

Abstract After years of comparative neglect, a renewed research interest developed in the field of prayer during the mid-1980s and has led to prayer being recognized as of central importance in understanding the role of religion and spirituality in human development and human functioning. In the context of this developing research agenda, the present chapter concentrates on three themes. The first theme focuses on research concerned with the subjective effects of prayer, looking at the correlates of prayer among those who engage in that activity. The second theme focuses on research concerned with the objective effects of prayer, giving particular attention to clinical trials of "prayer treatment", examining the medical outcomes of patients who do not know that they are being prayed for. The third theme focuses on the content of prayer as a window through which to view the religion and spirituality of ordinary people.

Introduction

From a theological perspective prayer is both an important and a problematic aspect of the Christian tradition (Le Fevre, 1981). Biblical theologians discuss the place and significance of prayer within the scriptures of the Old and New Testaments (MacLachlan, 1952; Coggan, 1967; Kurichianil, 1993). Historical theologians discuss the development of prayer in the church (Simpson, 1965; Kelly, 1966; Jasper & Cuming, 1987; Guiver, 1988). Philosophical theologians discuss the meaning and implications of the religious practice of prayer (Phillips, 1965; Baelz, 1968, 1982; Alhonsaari, 1973; Clements-Jewery, 2005; Brümmer, 2008). Pastoral theologians provide manuals and suggestions to promote the practice of prayer (Thornton, 1972; Harries, 1978; Leech, 1980; Miller, 2008; Davidson, 2008).

Reviewing this theological literature, it is difficult to escape the conclusion that many claims are being made about the efficacy, consequences or correlates of prayer

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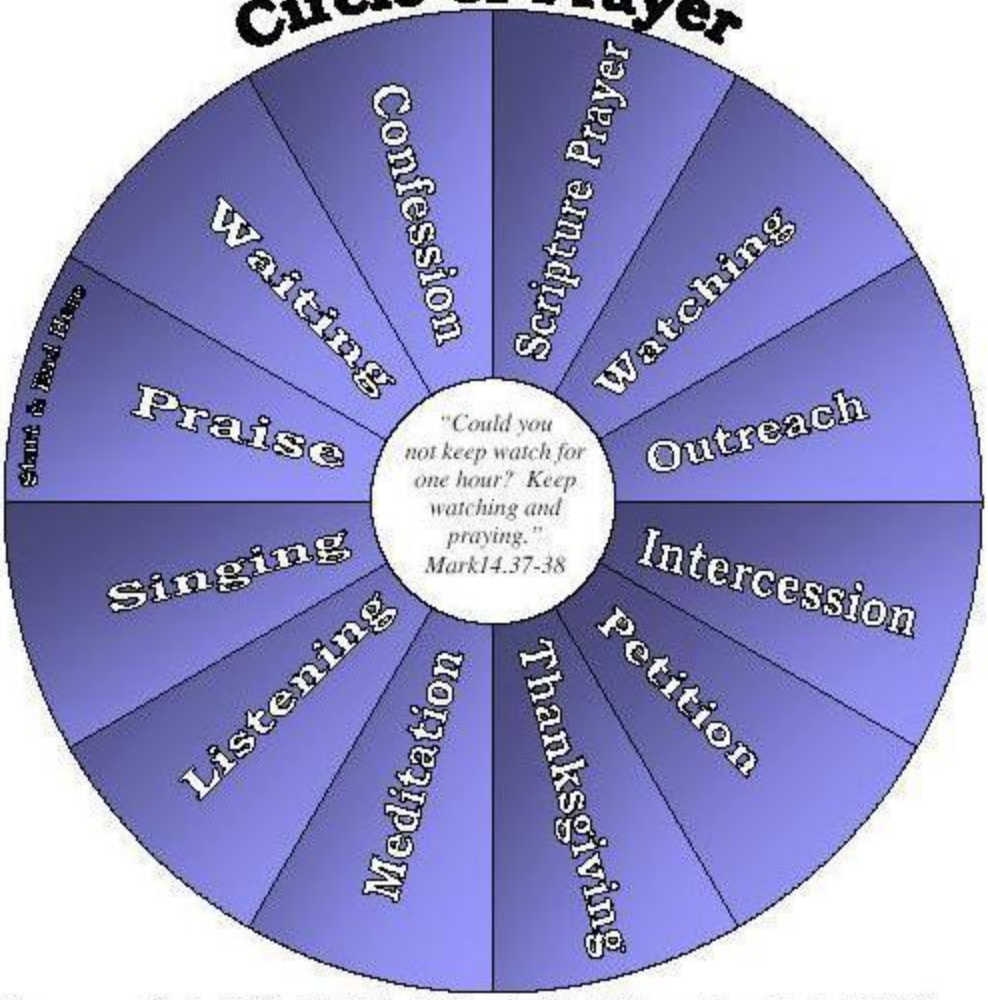
DOI 10.1007/978-1-4020-9018-9_14, © Springer Science+Business Media B.V. 2009

Circle of Prayer



Praise_____Speak well of God. Exalt Him by talking about His attributes, creation, and works (Ps 99.1-9)
Waiting_____Silently focus on God's love and your love for Him. Spend time in wordless worship (Ps 46.10)
Confession_____Ask God to reveal to you specific sins; repent and ask for forgiveness (Ps 139.23-24; 1 Jn 1.8-9)
Scripture Prayer__Pray the prayers written in Scripture speaking directly to God (make it your own) (Eph 3.14-21)
Watching_____Ask God for spiritual instruction and enlightenment concerning your local ministry (Acts 20.28)
Outreach_____Pray for individual, local, national, & international outreach of the gospel (Matt 9.37-38; 24.14)
Intercession_____Lift up family members, fellow saints, employees, and governments as God inspires (2 Thes 1.11)
Petition_____Ask God for spiritual, emotional, physical, financial, & relational help-Ask/Seek/Knock(Matt 7.7-11)
Thanksgiving____Think over your life & thank God for what He has done & what He is doing for you now (Col 3.17)
Meditation_____Pick an attribute of God or a verse and focus intently on it turning it over in your mind (Joshua 1.8)
Listening_____Mentally absorb divine instructions from God concerning specific matters for that day (Ps. 81.13)
Singing_____Sing directly to God songs of praise, thanksgiving, petition, or whatever is on your heart (Eph. 5.19)

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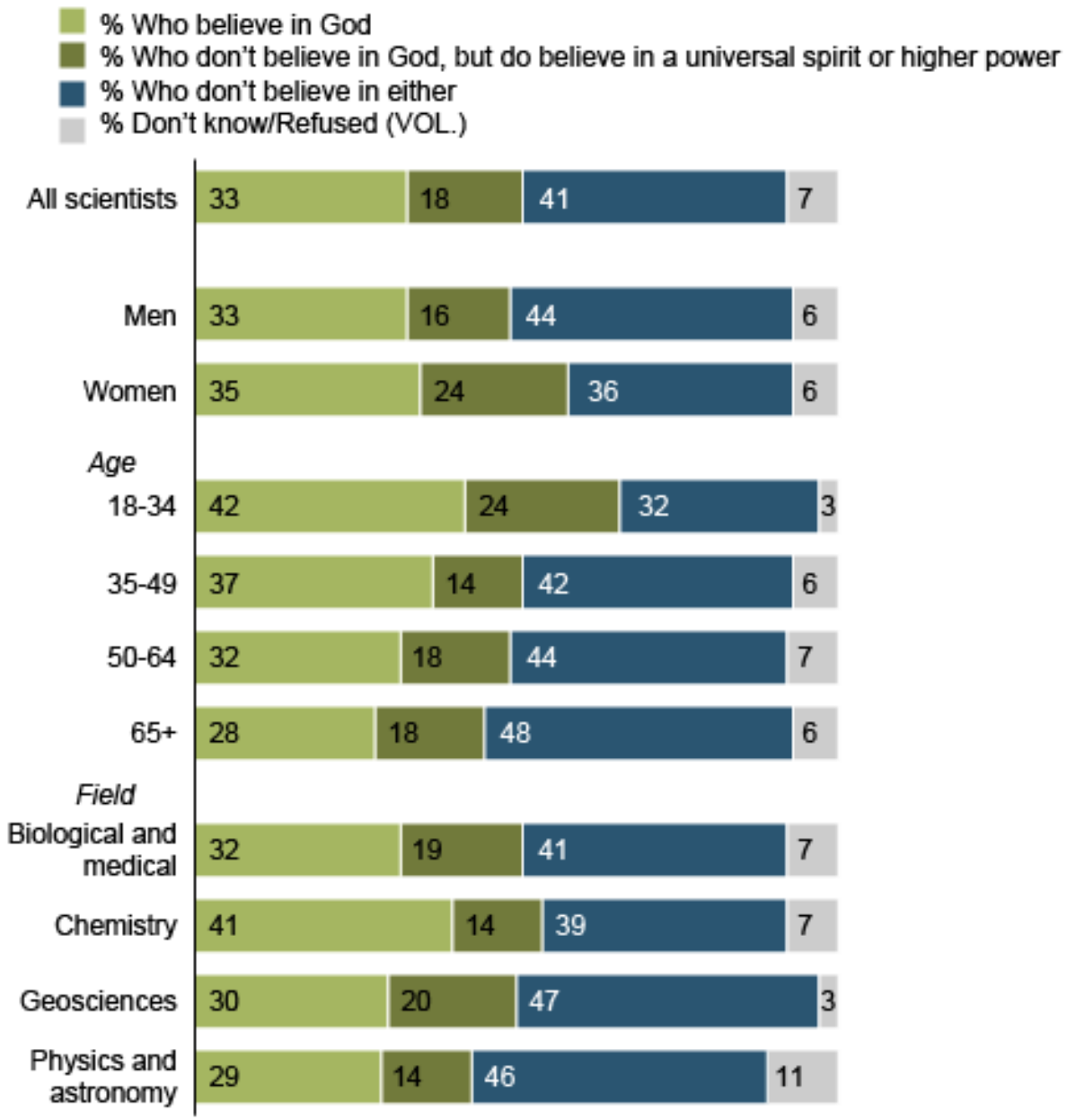
Religious Belief Among Scientists


% Who believe in God
% Who don't believe in God, but do believe in a universal spirit or higher power
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All scientists 33 18 41 7
Men 33 16 44 6
Women 35 24 36 6
Age
18-34 42 24 32 3
35-49 37 14 42 6
50-64 32 18 44 7
65+ 28 18 48 6
Field
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Chemistry 41 14 39 7
Geosciences 30 20 47 3
Physics and astronomy 29 14 46 11

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Conceptualizing Religious Practices in Psychological Research: Problems and Prospects

Brent D. Slife · Jeffrey S. Reber

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Abstract This article addresses the problems and prospects that follow from the conceptualization of religious phenomena and practices for scientific investigation in the psychology of religion. Two Western research traditions—instrumentalism and operationalism—are described and their potential contribution to a mismatch between what researchers intend to study and what they actually study is illustrated through two exemplar studies. The exemplar studies show how researchers' concern with methodological rigor can compromise the rich and thick meanings of religious practices, resulting in the misrepresentation of the practices and misleading both the psychological and religious research consumer. Several suggestions for dealing with these problems are discussed.

Keywords Religion · Prayer · Meditation · Instrumentalism · Operationalization

A vital but underestimated part of any research study in the psychology of religion is conceptualizing the phenomena to be studied. Religious practices, in particular, are rich and thick with meanings that are not easily conceptualized or structured for scientific investigation. Yet, many Western researchers have historically been concerned more with methodological rigor than with the preservation of such meanings. They ultimately simplify and reduce, so that many aspects of these meanings are lost or not studied at all. The consequence, unfortunately, is the potential mismatch between what is *intended* to be studied and what is *actually* studied.

This article attempts to discuss these problems and the prospects for solving them. First, two Western research traditions are described that lead to many of these problems: instrumentalism and operationalism. Then, two exemplar studies are discussed that illustrate these two traditions in the investigation of religious practices. The first study is a methodologically sophisticated study of theistic prayer, while the second is a rigorous

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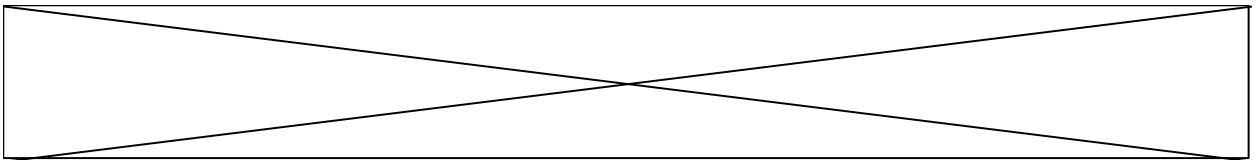


TIME IN PARTNERSHIP WITH CNN

Investigating the Power of Prayer

By **LEON JAROFF** Wednesday, Jan. 16, 2002

Dr Elizabeth Targ must be doing some very important work. The National Institutes of Health has already awarded her grants of $611,516 for one study, $823,346 for another. Even greater Federal largesse may be forthcoming before her studies are completed.

Targ is studying the therapeutic effects of prayer on AIDS and cancer patients. That sounds reasonable enough. The presence of a compassionate person reciting soothing prayers has apparently helped some patients, if by nothing more than a placebo effect. Measuring that effect might be useful, but Targ goes a step further. She is investigating what she calls "distance healing," in which those offering the prayers are far removed from the patients, who themselves are not even aware that incantations are being recited on their behalf.

It's an effect that would seem to defy reason — yet Targ reports striking results. In a 1998 study, after selecting practicing healers from a number of traditions — Christians, Buddhists, Jews, Indian shamans — she supplied them with the first names, blood counts and photographs of 20 patients with advanced AIDS. For an hour a day, over a ten-week period, the healers concentrated their thoughts on the pictures of these patients, but not on those of a control group of 20 other AIDS patients.

According to Targ, the prayed-for patients had fewer and less severe new illnesses, fewer doctor visits, fewer hospitalizations and were generally in better moods than those in the control group. The technique, she believes, can even work on nonhuman species. In a speech, she described an experiment performed by another group in which remote healing was used to shrink tumors in mice. And, she reported, the greater the distance between healer and mouse in that experiment, the greater the effect! The connection, Targ suggests, "could be actuated through the agency of God, consciousness, love, electrons or a combination."

Mayo Clinic researchers have found no such connection. They reported last month that in their trials of distant prayer on 750 coronary patients, they found no significant effect. Why the difference?

Skeptics suggest that subconsciously, or perhaps consciously, Targ is emulating practitioners of the paranormal. With preconceived notions about the outcome of an experiment, they generate reams of data from tests that are not rigidly controlled and then sift through the data to find numbers supporting their original thesis, while ignoring anything to the contrary.

Then, there's the circumstantial evidence. Writing in the journal Skeptical Inquirer, columnist Martin Gardner noted that Elizabeth Targ is the daughter of Russell Targ, best known for collaborating with physicist Harold Puthoff at the former Stanford Research Institute, where the duo was duped into believing that Israeli magician Uri Geller had paranormal powers. While a teenager, Elizabeth immersed herself in psychic experiments and developed what she claimed were powers of remote viewing — the ability to visualize events and objects at distances far beyond the range of vision. In a 1984 book co-authored by her father, she is credited with correctly predicting winners of horse races, as well as the 1980 Presidential victory of Ronald Reagan-feats that I modestly admit to having performed myself.

This might all be amusing if Targ's research were not being funded at taxpayer expense by the National Center for Complementary and Alternative Medicine, a controversial branch of the NIH. The least we can demand in a time of growing budget deficits is that NCCAM appoint rational, qualified observers from outside the paranormal and quack communities to monitor the work of some of the eccentrics it so generously endows. Past experience suggests that under such safeguards miracles do not occur.

God and The Power of Prayer Proven By Einstein's Unified Field Theory by Gary Smith.

Albert Einstein's Unified Field Theory proves that God's Golden Spheres are the basic substance underneath all of Creation. These spheres form the basis of all physical forms, light and energy in Creation. These sub-atomic sized Golden Spheres are the underlying foundation of all atoms and molecules in Creation. Everything, all oxygen, water, food, physical bodies, etc. at their sub-atomic levels are unified, for everything is constructed from the same Golden Spheres. This proves we are all God, we have never left God and explains to everyone why God is everywhere.

God creates a Creation, by manifesting God's Unconditional Love in the form of innumerable Golden Spheres and sending the Golden Spheres through a "Worm Hole of Light" to our universe. Scientists say our universe is still expanding, but they do not know the reason. The reason our universe continues to expand is because God continues to breathe life into our universe. The central core which connects our universe to God through a Worm Hole of Light, also distributes the Golden Spheres of "God's Breath" to central distribution cores in each galaxy. The galactic distribution cores then transfer the Golden Spheres to the "Suns of God" of every solar system. These Golden Spheres travel through the same "Worm Holes of Light" which scientists have been studying for years. However, these magnificent Worm Holes of Light contain energies far beyond our visual light spectrum and most of their energies exceed the abilities of present day recording instruments. Upon arrival in our solar system, the Golden Spheres exit from the "Worm Hole" above the surface of our sun which creates the conditions whereby the atmosphere of our sun is much hotter than the surface. The continuous fiery eruptions on our sun are created by the incredible energies produced by innumerable Golden Spheres exiting the sun's Worm Hole. These Golden Spheres sustain all life on our planet. Plants are at the bottom of the food chain and they grow by consuming the Golden Spheres eminating from the sun. It is our consumption of the Golden Spheres contained in the plants, and the animals who eat plants, which sustains our physical bodies.

However, understand we are not our physical bodies. We are not our toes, our ears or even our physical brain. Our bodies are merely vehicles which we have chosen in order to explore and experience life in the 3rd dimension. Who we are exceeds the size of our physical bodies. Who we really are, are our memories and all of our experiences in life. One's memories and experiences are the only items one can take with them from this life, when one's physical body dies. This physical body was created under God's direction for us to enjoy life and the sensory pleasures here in the 3rd dimension. Upon your body's birth, a small portion of the real you, a miniscule portion of your personal spiritual energy fields of consciousness densified into a "Soul". Your Soul is located in the area of the thymus gland in your physical body. Your Soul connects your physical body to the real you, with your total consciousness, or "Spirit" which is contained within spiritual energy fields. Your spiritual energy fields at the 3rd dimensional level in Creation are in a geometric shape. Your fields are comprised of 2 "Tetrahedrons" interlocked into one form, called a "Star Tetrahedron". (An easy way to visualize the Star Tetrahedron is to seen in your mind, a three dimension geometric shape of the two dimensional "Star of David"). Our Star Tetrahedron spiritual energy fields contain the Golden

Spheres of all our memories and experiences of this life and all other lifetimes, the real us, our total consciousness. Thus, these spiritual energy fields of consciousness surrounding our bodies are the real us, they consist of all the memories of our individualization and they are eternal. The larger your spiritual energy fields of consciousness, the closer you are to God and the Heaven/Paradise of Creation. Gathering additional Golden Spheres into one's spiritual energy fields increases the size of their

consciousness, bringing one closer to their Ascension and their return to God.

Ascension occurs when God's Golden Spheres have expanded a person's spiritual energy fields to 9 times their original size. A nine fold expansion means completion and that the person's consciousness has Ascended from our 3rd dimensional reality into the Heaven or Paradise of the next dimensional level in Creation. Ascension into the next dimensional level means a person has reached the Angelic level of consciousness. In other words, when sufficient numbers of God's Golden Spheres are infused into a person's spiritual energy fields and the person's consciousness expands nine fold, that person becomes "Enlightened". The term Enlightenment refers to a Golden Glow which emanates from the enormous numbers of Golden Spheres contained within an Ascended Master's or Saint's spiritual energy fields, as depicted in art and seen in old photographs.

Prayer, laughter and Love add Golden Spheres to your spiritual energy fields of consciousness. However, doubt, anger and fear reduce the number of Golden Spheres, which in essence are individual units of consciousness, within your spiritual energy fields. A huge loss of Golden Spheres occurs whenever one gets angry at themselves. Anger from others is deflected by your spiritual energy fields of consciousness. However, anger at oneself is within one's spiritual energy fields of consciousness. The negative energies of anger will dissolve large groups of Golden Spheres. The dissolving of consciousness decreases our ability to Ascend and can even cause angels to "fall" from Heaven. "Fallen Angels" and those who wish to Ascend from our 3rd dimension can return to God and Heaven through prayer. Prayer is amazingly effective. In prayer one sends their Love to God. In sending the energies of Love to God or another person, one gives the greatest gift one can give in life. In the giving of Love, one gives Golden Spheres of their own units of consciousness to another. The giving of the energies of Love means one gives parts of themselves unselfishly to another. Thus, when one wishes to Ascend, one sends Love to God in sincere prayer. God always returns Love multiplied many times over to the sender of Love to God. One always receives more than one gives, and the more one prays, the more units of consciousness, the more Golden Spheres that God places in one's spiritual energy fields of consciousness. Upon giving one's Golden Spheres of Love to God over a period of time and God returning their Love in huge amounts of Golden Spheres, one can begin to develop a Golden Glow in preparation for their Ascension back to Heaven.

Scientific Research of Prayer: Can the Power of Prayer Be Proven?

By Debra Williams, D.D.

1999 PLIM Retreat, (c) 1999 PLIM REPORT, Vol. 8 #4

Introduction

Throughout time, the power of prayer has been questioned by science. The analytical mind of the scientist calls for proof of the existence of a higher being. These scientists, both the faithful and nonbelievers alike, have produced studies into the affects of prayer on our physical as well as spiritual

well being. Although most of us, who possess the belief that prayer can and does work, do not require physical, quantitative proof of the power of prayer, it is interesting to read the results of these studies.

Was a scientific study of prayer and its effect on heart patients done?

One of the most quoted scientific studies of prayer was done between August of 1982 and May of 1983. 393 patients in the San Francisco General Hospital's Coronary Care Unit participated in a double blind study to assess the therapeutic effects of intercessory prayer. Patients were randomly selected by computer to either receive or not receive intercessory prayer. All participants in the study, including patients, doctors, and the conductor of the study himself remained blind throughout the study, To guard against biasing the study, the patients were not contacted again after it was decided which group would be prayed for, and which group would not.

It was assumed that although the patients in the control group would not be prayed for by the participants in the study, that others-family members, friends etc., would likely pray for the health of at least some of the members of the control group. There was no control over this factor. Meanwhile all of the members of the group that received prayer would be prayed for by not only those associated with the study, but by others as well.

The results of the study are not surprising to those of us who believe in the power of prayer. The patients who had received prayer as a part of the study were healthier than those who had not. The prayed for group had less need of having CPR (cardiopulmonary resuscitation) performed and less need for the use of mechanical ventilators. They had a diminished necessity for diuretics and antibiotics, less occurrences of pulmonary edema, and fewer deaths. Taking all factors into consideration, these results can only be attributed to the power of prayer.

Did prayer lower blood pressure?

The August 31, 1998 issue of ***Jet Magazine*** questioned whether prayer could lower blood pressure in high blood pressure sufferers, Again the obvious conclusion was reached. The magazine reported of a study conducted by Duke University Medical Center in Durham, NC. This study had over 4,000 participants over the age of 65. The study found that those who pray and attend religious services on a weekly basis, especially those between the ages of 65 and 74, had lower blood pressure than their counterparts who did not pray or attend religious services. They found that the more religious the person, particularly those who prayed or studied the Bible weekly, the lower the blood pressure. According to the study these people were forty percent less likely to have high diastolic pressure or diastolic hypertension than these were who did not attend religious services, pray, or study the Bible.

Dr. David B. Larson, president of the National Institute for Health Care Research in Rockville, MD, who co-authored the study, also says that prayer can lower high blood pressure. *"The at-risk population of people with illnesses, such as the elderly seem to be helped if they have faith and religious commitment."* Dr. Larson states: *"Faith brings a calming state which helps decrease nervousness and anxiety with coping with day to day stress."*

How does prayer effect people who lack health care?

In the ***Essence Magazine*** May 1997 issue, Allison Abner writes that African-Americans have historically turned to faith in times of illness and other crises. She cited Luisah Teish who states: *"Because of limited access to quality health care and our distrust of the medical establishment we have occasionally relied on spiritual healing through such practices as prayer and the laying on of hands, Most of us, at some time have used prayer chanting or proverbs as ways to guide, direct, and heal ourselves." "Now,"* states Allison, *"Our beliefs are being backed by medical research,"* Science is setting out to prove what most of the faithful already know--prayer does work.

Has a prayer study been done on the life of twins?

The December 1998 issue of ***Mc Call's Magazine*** raised the question: How does prayer heal? The article notes a study done at the Virginia Commonwealth University Medical College of Virginia in Richmond, which studied 1,902 twins. They found that those who were committed to their spiritual lives tended to have less severe depression and a lower risk of addiction to cigarettes or alcohol. The healthful lifestyles of the spiritually rich and faithful clearly contribute to their well being, They tend not to smoke or drink or not do either excessively. Their marriages are more stable and their spiritual communities form a network that can catch and support people when they are ill.

What effect does prayer and religion have on life?

To delve into religious attitudes and their impact on health, Koenig and his co-researcher, Kenneth Paragament, Ph.D., a professor of psychology at Bowling Green State University in Ohio, studied 577 hospital patients age 55 and older. One 98-year-old woman with pneumonia and congestive heart failure looked upon her illness as God's plan for her. She prayed often for the health and well being of her family and friends. These attitudes were associated with a serene response to stress and low levels of depression. All signs of well being that nurture joy in living might even extend one's life.

While positive feelings toward a higher power seemed to foster well being, negative thoughts about a deity had the opposite effect. For example, a woman in her late 50's with lung cancer left her church in her 20's, became involved with drugs, and now feels her illness must be a sign of divine disapproval. She got poorer scores on tests that measured quality of life and psychological health than the 98-year-old woman.

What do atheists think about prayer?

Noted atheist Dan Barker, a spokesperson for the Freedom from Religion Foundation says the findings of the above research are no big surprise. Prayer and religious beliefs can have a placebo effect, just like a sugar pill. Barker, who was once a Christian Fundamentalist preacher before developing serious doubts about his religion, states that one of the strongest factors in recovery from an illness is a sense of connectedness with a community and people who care about you. Even if we mumble our prayers only when we are ill or if there is no God to hear them, the new research indicated that religious thoughts could help to heal.

Dr. Larry Dossey writes about the placebo effect mentioned earlier by Dan Barker and physicians who have looked at the tremendous amount of scientific studies on prayer. As Dr. Dossey states: *"That is difficult to do considering that bacteria, fungi, and germinating seeds are not generally considered to be susceptible to suggestion."*

Does prayer effect plant seeds?

In a study on germinating seeds done by Dr. Franklin Loehr, a Presbyterian minister and scientist, the objective was to see in a controlled experiment what effect prayer had over living and seemingly non-living matter. In one experiment they took three pans of various types of seeds. One was the control pan. One pan received positive prayer, and the other received negative prayer. Time after time, the results indicated that prayer helped speed germination and produced more vigorous plants. Prayers of negation actually halted germination in some plants and suppressed growth in others.

In another experiment two bottles of spring water were purchased. One container was used as a control, receiving no prayer; a group prayed for the second. The water was then used on pans of corn seeds layered in cotton, with one pan receiving the prayer water and the other receiving the control water. The pan receiving the prayer water sprouted a day earlier than seeds in the other pan. The prayer seeds had a higher germination and growth rate. The experiment was repeated with the same result each time.

What effect does prayer have on microorganisms?

Dr. Dossey, in his book, ***Be Careful What You Pray For***, looks closely at experiments with microorganisms. He states, *"Skeptics who do not believe in the effects of distant intentions say that any observed result must be due to the expectation of the subject- or the power of belief and thought."* Dossey argues that if bacteria respond to outside intentions by growing more slowly when prayed over, than control groups not receiving prayer, then one cannot dismiss this result by attributing it to negative suggestion.

Bacteria presumably do not think positively or negatively. Another major advantage of microorganisms in studies of distant mental intentions has to do with the control group. If the effects of intercessory prayer, for example, are being assessed in a group of humans who have a particular illness, it is difficult to establish a pure control group that does not receive prayer. The reason is that sick human beings generally pray for themselves; or outsiders pray for them, thus contaminating the control group, which by definition should not receive the treatment being evaluated.

In studies involving microbes, this notorious *"Problem of Extraneous Prayer"* is totally overcome because one can be reasonably certain that the bacteria, fungi, or yeast in a control group will not pray for themselves. And that their fellow microbes will not pray for them.

If the study involved negative intentions instead of positives, the advantages remain the same. The thoughts of microorganisms do not influence its outcome.

Jean Barry, a physician-researcher in Bordeaux, France, chooses to work with a destructive fungus, Rhizoctonia Solani. He asked 10 people to try to inhibit its growth merely through their intentions at a distance of 1.5 meter.

The experiment involved control Petri dishes with fungi that were not influenced in addition to those that were. The laboratory conditions were carefully controlled regarding the genetic purity of the fungi and the composition of the culture medium, the relative humidity, and the conditions of temperature and lighting.

The control petri dishes and the influenced dishes were treated identically, except for the negative intentions directed toward the latter. A person who was blind to the details of the experiment handled various manipulations. The influences simply took their stations at the 1.5 meters and were free to act as they saw fit for their own concentration. For 15 minutes each subject was assigned five experimental and five control dishes. Of the ten subjects three to six subjects worked during a session, and there were nine sessions.

Measurement of the fungi colony on the Petri dish was obtained by outlining the boundary of the colony on a sheet of thin paper. Again, someone who did not know the aim of the experiment or the identity of the Petri dishes did this. The outlines were then cut out and weighed under condition of constant temperature and humidity. When the growth in 195 experimental dishes was compared to their corresponding controls, it was significantly retarded in 151 dishes. The possibility that these results could be explained by chance was less than one in a thousand.

Dr. Daniel I. Benor, who has evaluated all the known experiments in the field of distant healing in his landmark work healing research, calls this study "Highly significant."

Does physical distance effect prayer?

The researchers William H. Tedder and Melissa L. Monty from the University of Tennessee replicated the experiment. The goal of this study was to inhibit the growth of the fungus from the distance of one to fifteen miles. Two groups participated. Group one was made up of Tedder and six others who knew him and frequently interacted with him over a year and a half. Group 2 consisted of 8 volunteers who either did not know Tedder or did not interact with him frequently.

When the growth differential between the experimental and control dishes were compared, group one was highly successful. The likelihood of explaining their results by chance were less than 3 in 100,000. Group two was less successful. Their likelihood of a chance explanation was 6 in 100. Why was group one more successful? The researchers theorized that because of their established rapport with Tedder they might have had greater expectation and more motivation of a positive outcome than group two had.

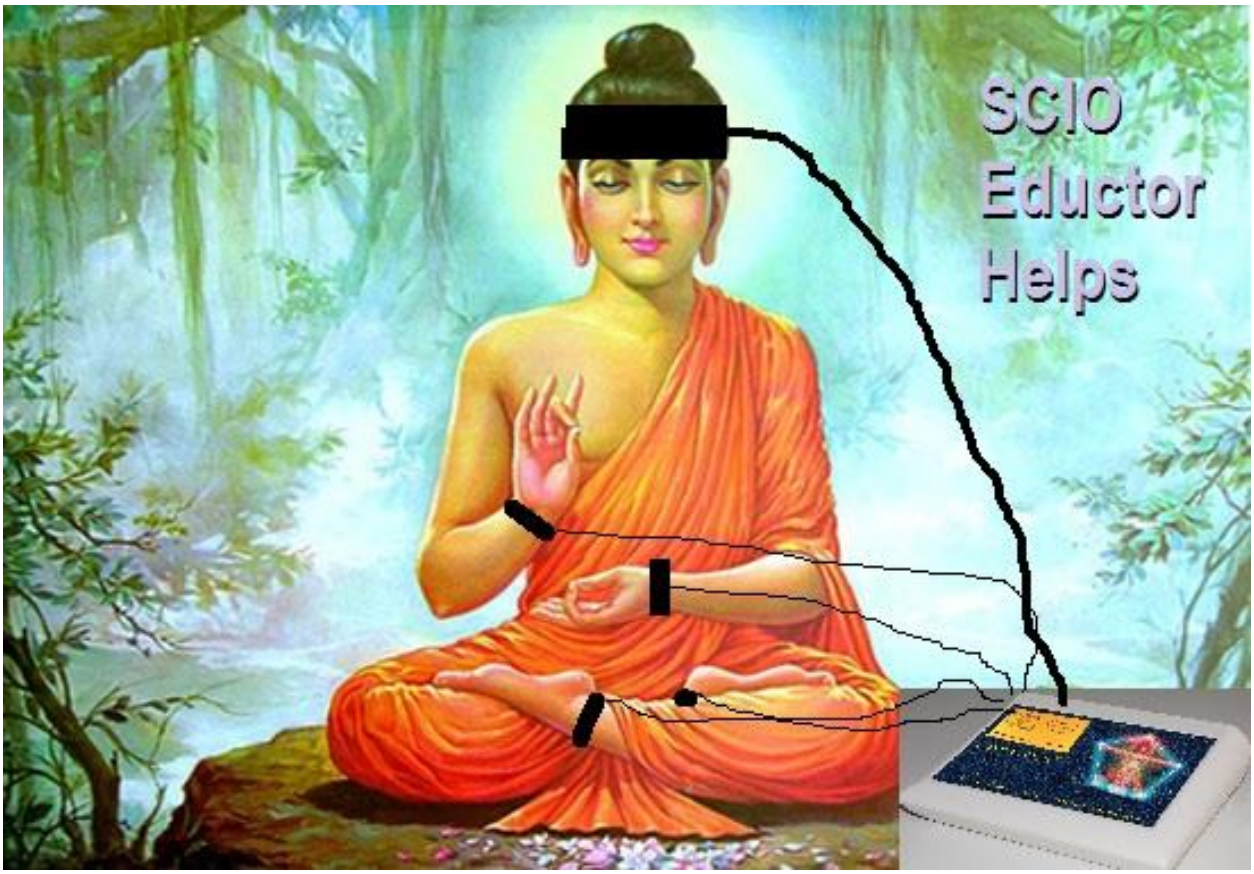
In a post-experiment questionnaire, the group one subjects indeed responded more positively to questions about how they perceived their ability to inhibit the fungal cultures at a distance. Note: This is a clear example of faith in prayer verses doubt.

The fact that prayer is non local, that it functions at a distance, and that spatial separation does not diminish the affect means that it does not have to be intrusive. There is cross-cultural evidence that prayer does work. The factors that seem to affect the outcome of these studies are qualifies of consciousness, like caring, compassion, empathy, and love. When you take these qualities away the outcome of the study is changed. In, fact according to Dr. Dossey, if you flip these "empathetic, warm feelings" to the negative, frequently the subject is affected. In experiments a bacterium died and plants withered when subjected to the negative influence.

Conclusion

These studies have shown conclusive evidence of the power of prayer. Time after time the outcomes of these tests have shown the reality of the force of a higher being and our ability to communicate with Him.

We have also learned from viewing the results of these studies that the expectations we have while praying factor into the outcome of our prayers. Though the faithful will always believe that there need not be any physical evidence of the power and effects of prayer, science has come a long way toward showing just that-prayer is real, and it works.



The SCIO will improve the body electric VARHOPE by five% as an average after just one session. The AutoFocusing Harmonic therapies of the Cybernetic Loop of measuring, stimulating, re-measuring, all guided at maximizing the body electric potential will improve your body electric by an average of five%. Improvements of Voltage, Amperage and thus power. Improvements of Resistance and Hydration that means improved enzyme and osmosis transfer of nutrients and detoxification. Improvements in Oxidation meaning more endurance. And improvement in Ph meaning more health. No wonder there are a mile long list of testimonials. Now we can understand why the sport athletes get such great results. A five% improvement is a great edge for a professional sportsman. The patented and proprietary process of the SCIO and QQC have been proven on the world scientific stage to work wonders of improving and stabilizing the body electric.

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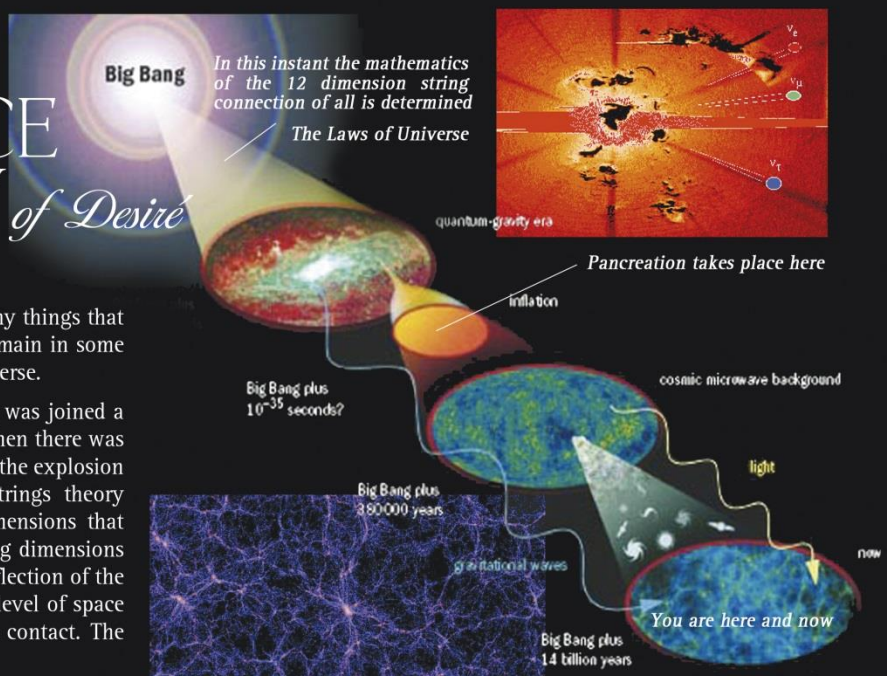
It is theorized that all of the Universe came through (in ten to the minus 43 of a sec.) a singularity at the beginning. This is called the Big Bang or if you believe it was an implosion the Big Suck.

SUBSPACE THEORY *of Desire*


Big Bang
In this instant the mathematics of the 12 dimension string connection of all is determined
The Laws of Universe
quantum-gravity era
Pancreation takes place here
inflation
Big Bang plus 10^{-35} seconds?
cosmic microwave background
light
Big Bang plus 380000 years
gravitational waves
now
You are here and now
Big Bang plus 14 billion years

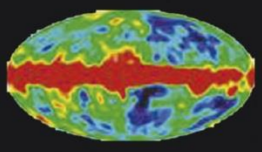
Quantum Theory tells us that any things that share a Quantum singularity remain in some contact till the ends of the Universe.

At one time all of the Universe was joined a single ultra tiny single space. Then there was no time or space just one. After the explosion space starts to evolve with strings theory holding together the multi dimensions that expand. There are 12 such string dimensions with the twelfth dimension a reflection of the whole. So there is a continued level of space that allows all things to be in contact. The subspace or the mind of God.

This proves the contact of the mind often referred to as prayer, psychic phenomena, the collective unconscious, or ESP.

Hubble Infrared Ultra Deep Field-clearly reveals the Deep Cosmic Photonic QED Background of the Universe

The Black Holes of the Universe gobble up the matter and store it in an other dimension waiting for the release of another Universe at a future Big Suck / Big Bang



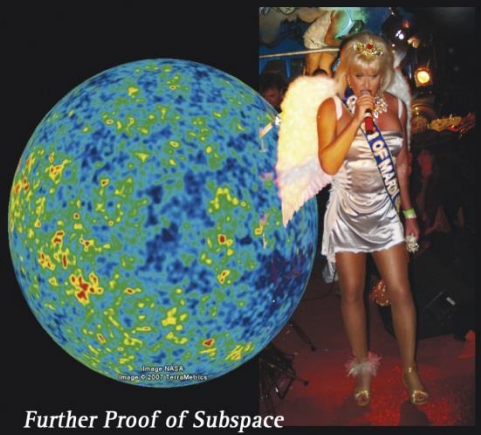
TV set static is mostly the CMBR

There is a left over of the Big Bang in a Cosmic Background Radiation that bathes the Universe since the Big Bang. The photons in this radiation were twins and thus today any info they know is instantly with time transmitted to the ends of the Universe. The mind of God. This radiation is of the frequency detected by your TV set in an open channel. It is the kind of radiation that tickles protons like in water. Thus there is a God conscious connection of all still in place.

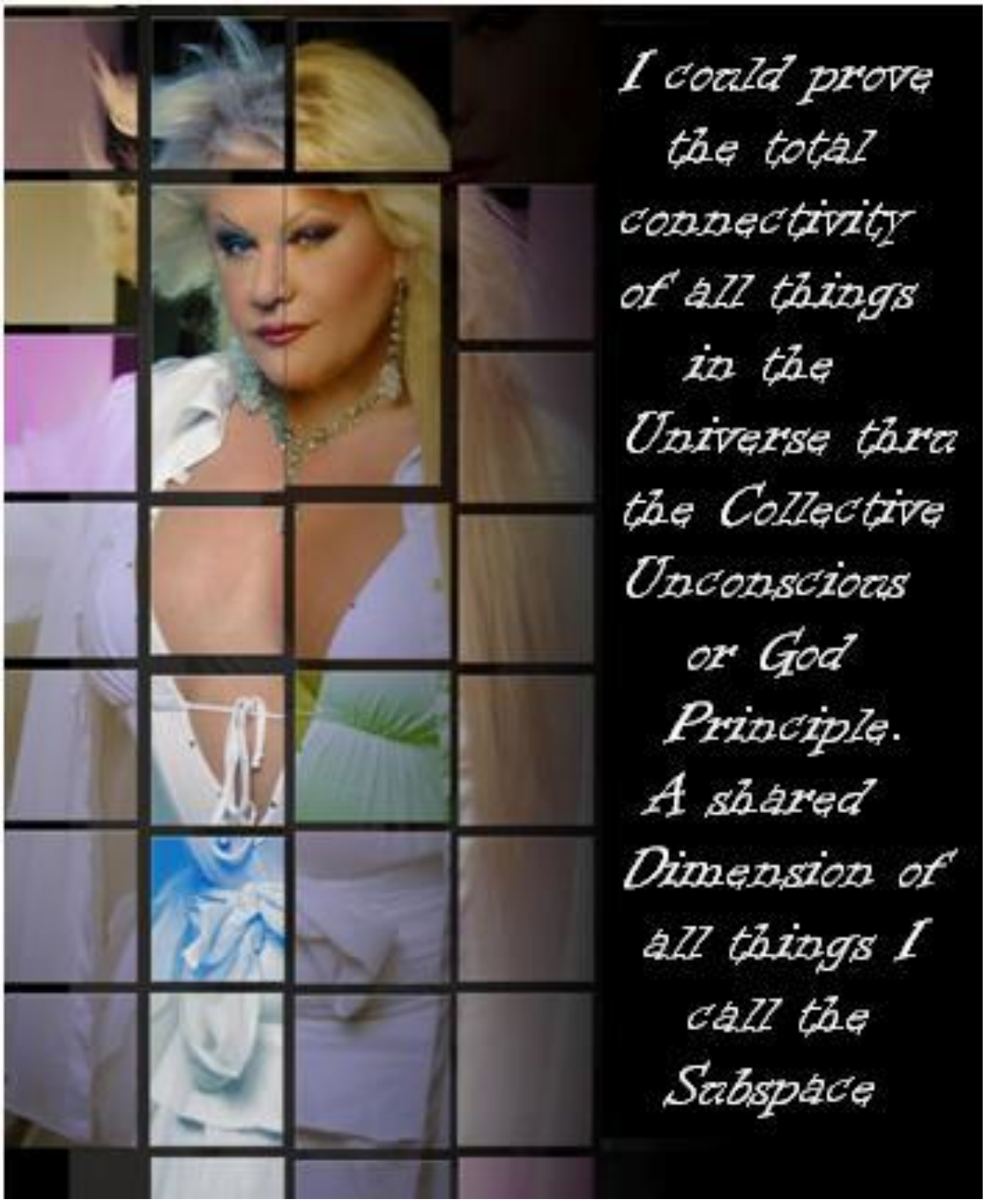
The Angel discovered this connective principle and labeled it the subspace quantic connection. She developed a way to use it in healing.

The Cosmic Microwave Background Radiation that bathes our Universe is the EMR connection to God

The God consciousness is connected to all via a QED photonic link



Further Proof of Subspace


I could prove
the total
connectivity
of all things
in the
Universe thru
the Collective
Unconscious
or God
Principle.
A shared
Dimension of
all things I
call the
Subspace

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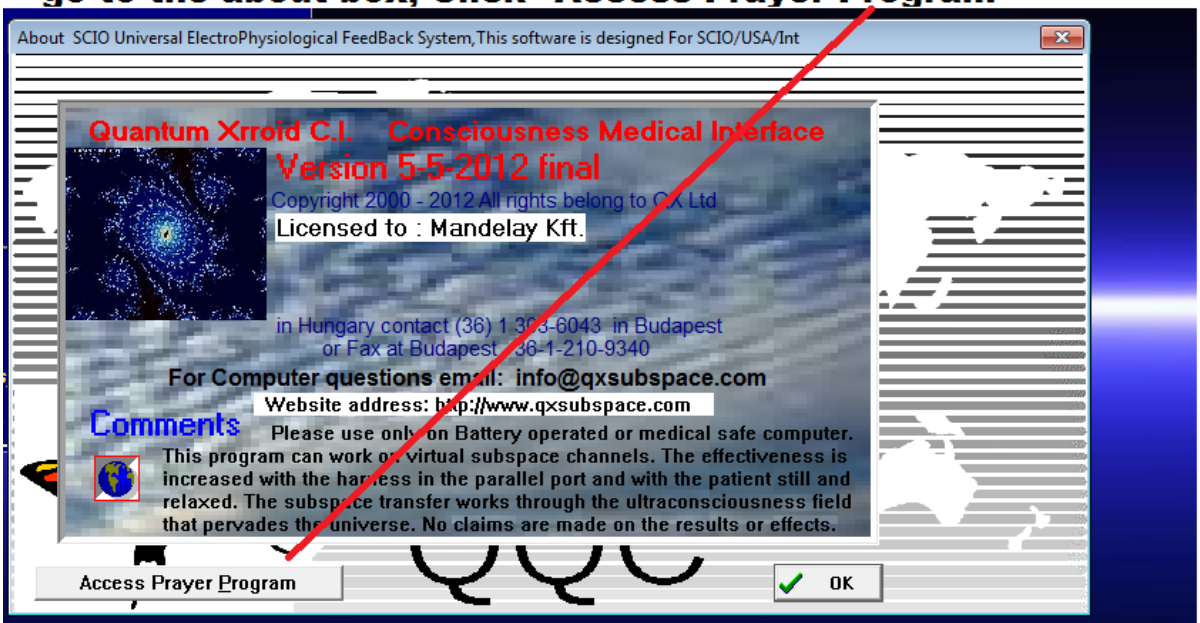
The SCIO has the First Quantum Prayer Wheel

Forty Years of Research Proves It Works

I beleive in Choice, If you chose to Disable the Prayers then go to the about box, Click "Access Prayer Program"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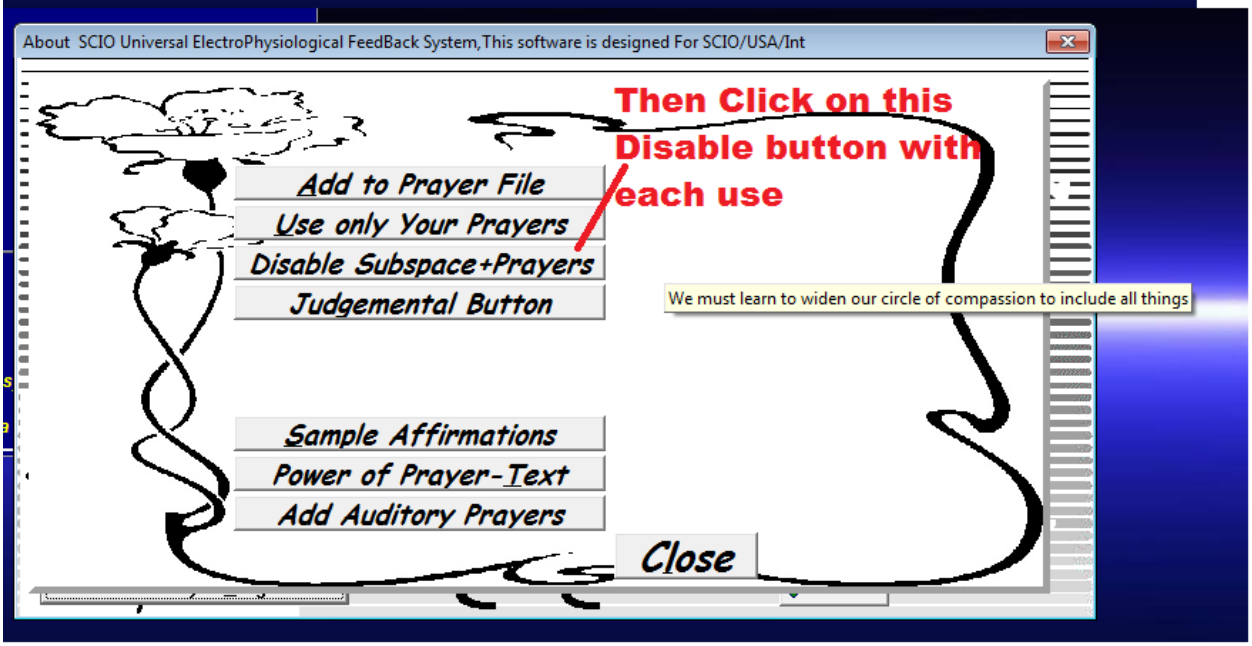
Website address: http://www.qxsubspace.com
Comments
Please use only on Battery operated or medical safe computer.
This program can work on virtual subspace channels. The effectiveness is
increased with the hardness in the parallel port and with the patient still and
relaxed. The subspace transfer works through the ultraconsciousness field
that pervades the universe. No claims are made on the results or effects.
Access Prayer Program
OK


About SCIO Universal ElectroPhysiological FeedBack System,This software is designed For SCIO/USA/Int
Then Click on this
Disable button with
each use
Add to Prayer File
Use only Your Prayers
Disable Subspace+Prayers
Judgemental Button
We must learn to widen our circle of compassion to include all things
Sample Affirmations
Power of Prayer-Text
Add Auditory Prayers
Close

The Lord's Prayer

Our Father, who art in heaven,
Hallowed be thy Name.
Thy kingdom come.
Thy will be done,
On earth as it is in heaven.
Give us this day our daily bread.
And forgive us our trespasses,
As we forgive those
who trespass against us.
And lead us not into temptation,
But deliver us from evil.
For thine is the kingdom,
and the power, and the glory,
for ever and ever.
Amen.

CommentNation.com

I PRAYED TO God
I prayed to God to give me the Wisdom of Solomon, he gave me major Problems to solve
I asked God for Strength, he gave me Resistance to make me Strong
I asked God for Intellect, he gave me the Light of Enthusiasm and the Breath of Inspiration
I asked God for Courage, he gave me Obstacles to overcome and Hatred and Anger to defeat
I asked God for Love, and he gave me Suffering People to help, he gave me Opportunity to grow and Opportunities to help other
I did not get what I wanted... but God gave me what I needed day by day